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**THE CHANGING PERCEPTIONS
AND ATTITUDES TOWARD
CHILDREN WITH A VISION
IMPAIRMENT IN HIGH
SCHOOLS**

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**THE CHANGING PERCEPTIONS AND ATTITUDES
TOWARD CHILDREN WITH A VISION IMPAIRMENT
IN HIGH SCHOOLS.**

**A professional study submitted to the School of
Education being part requirement for the Degree
of Master of Education course.**

AUGUST, 1995.

MARGARET E. HUGHES

(ii)

DECLARATION

I, Margaret Hughes acknowledge that this education project contains no material which has been accepted for the award of any other higher degree in any tertiary institution, and that to the best of my knowledge and belief, this project contains no material previously published or written by another person except when due reference is made in the text or the project.

Signed:

A handwritten signature in cursive script, appearing to read 'Margaret Hughes', written in black ink.

(iii)

ABSTRACT

Helen Keller once said, 'not blindness, but the attitude of seeing to the blind is the hardest burden to bear' (Jan, Freeman & Scott, 1977, 385). In this study the changing attitudes toward children with a vision impairment, from early times through to present day will be examined. The world is organised on the basis of possession and use of vision, yet people with a vision impairment are able to do the same as their sighted peers but require extra concentration, time and exertion. Sighted people interpret this by overestimating the physical and mental limitations imposed on the blind regarding the blind as dependant and helpless. '... the major problems of blindness, at any age, stems from the mistaken attitudes held by the sighted toward that blindness, and from the economic and social impact of those attitudes on the blind' (Rottman, 1976, 61).

In terms of a child's education the manifestation has been to segregate and isolate. Education systems in Great Britain and America have followed similar paths leading to the integration of children with a vision impairment into the regular school system. Australian history, although much shorter has also acknowledged the value of including children with a vision impairment into regular schools. Attitudes form the major focus as the critical change agent leading to inclusion. What follows provides a basis as to why attitudes have meant exclusion was the norm and how the changes have evolved toward inclusion.

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INTRODUCTION

The first sense used to synthesise data in our world is most often that of vision. For a person with a vision impairment the initial visual impact is absent, thus requiring additional concentration, time and effort to organise a primarily visually based world. The purpose of this paper is to examine the changing perceptions and attitudes towards high school children with a vision impairment, from early pre-special education times through to present day.

To examine these issues the following paper has been divided into five chapters. What is included in this study is an historical perspective of the history of the education of students with a vision impairment, the present day educational provisions and an analysis of the perceptions of, and attitudes of, Tasmanian teachers of children with a vision impairment.

The first chapter defines the term 'attitude' and examines attitude theory. This covers the context of why people have attitudes and how they are affected by external factors. The target group for the survey in Chapter 3 and its subsequent analysis in Chapter 4 is also elaborated on. To ensure clarity, definitions of terms associated with vision impairment are included. Most definitions are acknowledged world wide but some terms such as mainstreaming are country specific and this is also stated.

Historically, the term used for people with sight defects has gone through many changes. Recently in Australia the term visual impairment has changed to vision impairment. The text, for consistency, uses the preferred term vision impairment but retains the term visual impairment when paraphrasing or quoting authors using the earlier term.

Chapter Two provides an analysis of the literature through an historical perspective on attitudes toward children with a vision impairment from early times when survival, rather than education, was the key issue. This historical overview documents the societal changes that reflect the changed provision from segregation to integration, and presently in the 1990s to a developing understanding of inclusive provisions.

Inclusion in every aspect of society is the aim. The changes that have evolved in special education in America are contrasted with those in Great Britain and Modern Europe. Particular emphasis has been placed on Australia and finally Tasmania in Chapters 3 and 4.

The third chapter looks at the survey conducted in those ten high schools and one College with students with a severe vision impairment. The methodological considerations are examined, focusing on question wording and how it can influence a respondents answer. Answer behaviour and the associated pitfalls of questions related to attitudes is also analysed.

From there Chapter 4 provides the analysis of the responses to the survey. Most of the information is provided in statistical format for ease of translation. Although all questions were closed in nature, some respondents added written notes which have been taken into consideration in the analysis.

The final chapter examines the significance of the results, linking the literature review and the survey together. Concluding comments focus on where students with a vision impairment, and by implication, all students with a disability, will fit into society. Comments regarding the changing perceptions which insist society changes to ensure all children, regardless of disability, become a natural part of one society are particularly pertinent.

Greater acceptance, more positive attitudes and less separateness characterise the future for students with disabilities. Full inclusion in all facets of society, where society values individual diversity is the hope and expectation for the future for all people.

CHAPTER ONE

DEFINITIONS AND THEORY

(i) ATTITUDE THEORY

A. DEFINITIONS

Attitudes, the definition of, the misconceptions often formed, why people have them, how they are studied and the reasons for the formation of attitudes could provide a study in itself. In the following pages I will provide a brief background on the term 'attitude' to place in context the ensuing chapters.

The scientific study of attitudes started in the middle of the nineteenth century in Germany (Jones & Guskin, 1984, 21) and since then a considerable amount has been written in an attempt to define the term 'attitude'. Oskamp (1977, 9) attempted to summarise the many different aspects of the concept of 'attitude', as seen in Box 1-1. Attitudes have three components - affective, cognitive and behavioural.

The affective domain is the person's evaluation of, liking of, or emotional response, his/her feelings of like or dislike and is measured by physiological responses or verbal responses. The person's beliefs about, or factual knowledge of the object or person forms the cognition and is shown by self ratings of those beliefs or amount of knowledge. The overt behaviour directed toward the object or person is the third component and is measured by observation of the response to the specific stimulus (Zimbardo, Ebbesen & Maslach 1977, 19-22 and Horne 1985, 2-3). Attitudes then, are a readiness to respond based on a learned response which results in a positive or negative behaviour. It is important to note that Allport, in 1935, was the first early theorist to assume attitudes could be used to predict overt behaviours (Horne, 1985, 13).

His definition

An attitude is a mental and neutral state of readiness organised through experience, exerting a directive or dynamic influence upon the individual's response to all objects and situations with which it is related.

Allport 1935 in (Horne 1985, 1)

still provides the key ingredient - that is, attitudes are based on experience. It is, as will be shown in Chapter Two, past experiences which predominate in the formation of attitudes toward children with a visual impairment. As Warren (1985, 28) states an 'individual's predisposed thoughts, feelings and actions towards others' forms the

broad basis of an attitude and is formed from economic, social and cultural factors, family attitudes, religious groups, past experiences, peer groups and specific personality traits.

BOX 1 - 1 DIFFERING DEFINITIONS OF "ATTITUDE"

Many different aspects of the concept of "attitude" have been stressed in definitions offered by different authors:

*

SET - [An attitude] denotes the general set of the organism as a whole toward an object or situation which calls for adjustment. (Lundberg, 1929)

READINESS TO ACT - Attitude . . . a condition of readiness for a certain type of activity. (Warren, 1934)

PHYSIOLOGICAL BASIS - The attitude, or preparation in advance of the actual response, constitutes an important determination of the ensuing social behavior. Such neural settings, with their accompanying consciousness, are numerous and significant in social life. (Allport, 1924)

PERMANENCE - . . . a more or less permanently enduring state of readiness of mental organization which pre-disposes an individual to react in a characteristic way to any object or situation with which it is related. (Cantril, 1934)

LEARNED NATURE - An attitude, roughly, is a residuum of experience, by which further activity is conditioned and controlled. . . . We may think of attitudes as acquired tendencies to act in specific ways toward objects. (Krueger & Reckless, 1931)

EVALUATIVE NATURE - An attitude is a tendency to act toward or against something in the environment, which becomes thereby a positive or negative value (Bogardus, 1931).

COMPREHENSIVE DEFINITION - An attitude is a mental or neural state of readiness, organized through experience, exerting a directive or dynamic influence upon the individual's response to all objects and situations with which it is related. (Allport, 1935)

* The sources of all these definitions are fully referenced in Allport (1935).

Source: Extracts from pages 804, 805, and 810 of Allport, G.W., Attitudes. In C. Murchison (Ed.), A Handbook of Social Psychology. Worcester, Mass.: Clark University Press, 1935.

(Oskamp, 1977, 9.)

The terms 'opinion' and 'attitude' are often used interchangeably but opinions are closer to belief, being narrower in scope and primarily cognitive rather than emotion laden (Oskamp, 1977, 12). Although there are many more definitions that could be detailed here, the features common to most is that an attitude is the degree of liking or disliking held toward a person, group, issue or object based on past experiences where stereotypes and prejudices may be involved. Thus, for the purpose of this paper, a broad definition based on those common elements will be adopted when talking about attitudes.

B. WHY DO WE HAVE ATTITUDES?

Attitudes are formed to assist in the comprehension of the world by organizing a complex array of stimuli in the environment. Attitudes also help protect one's self-esteem, thus avoiding unpleasant truths about oneself. Attitudes help people express their fundamental values and help people adjust to a complex world so they do the right things at the right time (Katz, 1960, 21-3). Societal attitudes toward children with disabilities are of critical importance then to ensure equality in the society. In the education sphere it is the professionals, including teachers in the regular classroom, and sighted children who can influence the quality of the education of a child with a disability. Thus it is how teachers structure the interactions between handicapped and non-handicapped students which has a considerable impact on attitudes (Johns, 1984, 118).

According to Johns (1984, 208-211) all studies show that professionals most distant from the student with a disability, for example superintendents, express the most positive attitudes and those closest to the classroom have the greatest incidence of negative attitudes. Johns adds that if a classroom teacher displays an understanding of and a positive attitude toward children with disabilities it is influential in determining their intellectual, social and emotional adjustment. Center and Ward (1989, 117) endorse Johns' statements stating: 'it is commonly accepted that the attitudes of school principals, teachers and resource staff have a powerful influence upon both the nature and quality of the special education provision made for children with disabilities'.

Salend (1990, 134-5) points out that children without handicaps also play a large role in the success or failure of mainstreaming children with disabilities. This is supported by Gottlieb (1981) and Westervelt and McKinney (1980). If the non-handicapped interact positively with their peers who are handicapped by serving as role models, peer tutors and friends then success is more likely (Salend, 1990, 135). According to Salend (1990, 135-6) the majority of studies indicate that the non-handicapped demonstrate negative attitudes toward their peers who are disabled and this can have a negative impact on the goals and school achievement, social and emotional adjustment, in class behaviour and attitudes toward school and self of a child with a disability.

Attitudes, then, are held by all and are formed to provide us with a basis for making sense of the world and help us express ourselves. Our attitudes influence the behaviours and attitudes of others. In relation to children with disabilities, all people who interact with the children impact upon their life. As Thomas (1978) points out, attitudes affect the self-image and behaviour of the disabled (Wade & Moore, 1992, 24). Thus, one must be careful when studying attitudes to ensure objectivity.

C. FACTORS TO CONSIDER WHEN EXPLORING ATTITUDES

Warren (1985, 28-30) puts forward five factors that affect one's attitudes toward people who are disabled. Historical perceptions and conceptions are critical. As will be shown in the literature review, history plays a large part in the development of present day attitudes. The stereotypes from literature and the mass media are also influential. For instance the word 'blind' has many negative connotations such as blind alley and blind fury. In medieval literature the blind appeared as evil, greedy, gullible or comical fools (Jan, Freeman & Scott 1977, 29). The education and employment of people with a disability also affects one's attitudes.

Even in the late nineteenth century many people who were disabled, including the blind, were capable of work but continued to be employed in sheltered workshops. Thus their employment was affected by the prevailing social, industrial and economic conditions. Warren's last two factors are concerned with lifestyle. Until the 1950s

and 1960s the trend to institutionalize people with a disability was common, curtailing wishes for marriage and the freedom to express their sexuality. All of these factors are considered in the literature review as influencing the attitudes expressed toward children with a vision impairment.

Jones (1971, 12-16) provides a set of eight factors to consider when exploring attitudes, beginning with who holds the attitude, what the attitude is about, the conditions when and the influences on the attitude and the consequences of such an attitude through to how to assess attitudes, theoretical formations and the ethical considerations in conducting research into attitudes (see Appendix 1). In terms of vision impairment it is the consequences of holding either a positive or negative attitude that is highlighted in the literature review, whilst Chapters Three and Four examine, by survey, the attitudes held by Tasmanian teachers toward children with a vision impairment.

Oskamp (1977, 5-6) also believes the study of attitudes is useful as a determinant of behaviour. Similar to Jones' (1971) eight factors, Oskamp portrays attitudes as the cause of a person's behaviour, the reason for consistency in that behaviour and as an unconscious determinant of behaviour. Following that view, it is solely attitudes that have determined how children with a vision impairment have been educated, whether they have been included in the regular system or segregated in a separate system. Attitudes held by authority have determined whether inclusive legislation has been enacted and the release of funds to support their education. The literature review, in Chapter Two, does show the major effect attitudes have had on such developments.

Oskamp (1977, 6-8) goes on to state attitudes can be studied by one of five methods:

1. description, based on observation;
2. quantifying and scaling measurement;
3. sample polls that are representative of the population;
4. theoretical constructs studying the nature of attitudes, how they are formed and how they can be changed, and;
5. experimentation, investigating factors that produce attitude change.

Observation needs to be in a variety of settings, noting the number of interactions, who

initiates the interaction, the outcomes of the interaction and if specific events trigger the interaction (Salend, 1990, 139). Although not used in this paper there are many sociometric measures to measure attitudes. Such models as the Peer Acceptance Scale, the Ohio Social Acceptance Scale, Osgood's Semantic Differential, Guttman's Scalogram and Likert's Method of Summated Ratings are commonly used (see Zimbardo, Ebbesen & Maslach 1977, 213-220 and Salend 137-140 for indepth descriptions). Later in this paper a survey has been used to provide a sample of the attitudes prevalent in Tasmanian schools toward children with a vision impairment. Teachers of children with a vision impairment have been asked to describe and observe interactions in their classes.

Once attitudes have been ascertained, if they are negative, certain techniques are available to change them. Donaldson (1980, 218 - 19) provides five techniques. Direct or indirect contact and exposure, such as through the media, is one method of bringing about attitude change. Providing accurate information about disabilities and putting forward persuasive messages can also assist. The use of group discussion and simulation games provide a planned format to change stereotypic attitudes. Donaldson's final technique involves the analysis of the dynamics of the prejudice. As Corrado and Colfer (1982, 81) states, even 'the words we use reflect our attitudes'. In each method listed, new information, something not previously known, should be given to ensure positive messages are being provided. This area will be examined in more detail in Chapter Five, in context of the results of the survey for teachers of children with a vision impairment.

(ii) RESEARCH PROBLEM

This study is framed on the premise that the attitudes held by each individual profoundly affects others. The purpose of this paper is to review the attitudes towards children who are vision impaired. The study of the evolution of attitudes toward people who are blind or vision impaired, being an outcast, subject to ridicule and often in fear of their lives through to being regarded as charity cases needing protection to today. The present position is that of acceptance and inclusion becoming the norm, often enforced by legislature. The change from exclusion to inclusion has been a slow process and attitudes will continue to change. Thus by studying what has happened in

the past and the reasons why specific attitudes have persisted, predictions about what future attitudes will be toward people with a vision impairment and how to manipulate or change those attitudes for a more positive outcome, can be made.

The historical overview of the United States of America, The United Kingdom, Australia and Tasmania has demonstrated the many factors that have impacted on the evolution of attitudes that have influenced service provision for people with disabilities and people with a vision impairment specifically.

Tasmanian society is a microcosm of Australian society and the world. As such Tasmanian people have their own set of attitudes that already determine how they react toward people with a vision impairment. By taking a sample of Tasmanian teachers of children with a vision impairment one should be able to determine, in general terms, whether those attitudes are a reflection of attitudes, held throughout the world today, as described in the literature review. If the attitudes held by the teachers are a general reflection of wider attitudes have those teachers been subject to similar influences in the development of the attitudes? If not, why are their attitudes different? It is the intention of this paper to reflect upon these questions.

(iii) RESEARCH TARGET

The research target is those Tasmanian high school principals and teachers of children with a vision impairment. To ascertain the general attitudes held by those educators toward the inclusion of children with a vision impairment into the regular school system, a questionnaire has been used. Due to the low prevalence and low incidence of children with a vision impairment severe enough to require additional support, the research sample is small. The distances between the surveyed schools is also a limiting factor, in that the only contact with the teachers is by the questionnaire, thus not allowing for direct and immediate clarification of queries relating to the questionnaire.

(iv) DEFINITIONS

The following terms are frequently used throughout this paper and some are open to interpretation. As such I have drawn on a variety of sources to establish the range of meanings and then present the definition to be used for the rest of this paper. It should be noted, that often two definitions for the one word are presented since one is quantitative, and thus used for legal and administrative purposes, whilst functional definitions will vary according to the purposes they are to serve (Telford & Sawrey, 1967, 271-2).

A. DISABILITY, IMPAIRMENT AND HANDICAP

Although most texts give definitions of these terms the World Health Organisation definitions are universally accepted.

1) IMPAIRMENT

concerned with abnormalities of body structure and appearance and with system function, resulting from any cause; in principle, impairments represent disturbances at the organ level.

2) DISABILITY

reflecting the consequences of impairment in terms of functional performance and activity by the individual; disabilities thus represent disturbance at the level of the person.

3) HANDICAP

concerned with disadvantages experienced by the individual as a result of impairments and disabilities; handicaps thus reflect interaction with the individual's environment.

(WHO 1980 in Collins, 1984, 11)

Prior to 1980 many texts used the word handicap as the universal term implying the current meaning of impairment. Terms used and quoted prior to this time should be taken in context of the year published.

B. BLINDNESS, VISUAL IMPAIRMENT, VISION IMPAIRMENT
PARTIALLY SIGHTED, VISUALLY LIMITED, VISUALLY HANDICAPPED

Dependent upon the country, the year and whether a legal, educational or medical definition is required these terms have been cited in texts. Blindness is attributed a quantitative definition, used for legal purposes and an educational definition which is functional in nature.

1) BLIND : LEGAL

In America a legal definition was established in 1935 by the Social Security Act.

The definition is still used today.

visual acuity for distant vision of 20/200 or less in the better eye, with best correction; or visual acuity of more than 20/200 if the widest diameter of field of vision subtends an angle no greater than 20 degrees (National Society for the Prevention of Blindness, 1966, p 10).
(Ysseldyke, Algozzine & Thurlow, 1992, 215)

(For expansion of the definition see Haring & McCormick, 1986, 401-402). Obviously such a definition has little meaning for a classroom teacher. As Lewis and Doorlag (1983, 270-1) point out many who are deemed legally blind are not educationally blind. The same definition for legal blindness exists in Australia but the visual acuity is taken as a metric measure of 6/60 (Pickering et al, 1988, 30).

: EDUCATIONAL

According to one definition:

Vision is impaired to the extent that braille must be used for reading.
(Lewis & Doorlag, 1983, 334)

Haring and McCormick (1986, 402) provide more detail, defining educational blindness as being totally without sight or with light perception only. They state that educationally blind persons would be primarily tactile learners. Scholl (1986, 28) adds that the educationally blind may learn by auditory means also. Pickering and others (1988, 30) support this as the Australian definition also. Obviously for a teacher this definition has much greater relevance and is easily translated into the requirements for the classroom.

2) VISUAL IMPAIRMENT, VISION IMPAIRMENT, VISUAL HANDICAP

Once again a quantitative and functional definition is put forward. Legally a person is considered visually (vision)impaired if

visual acuity is greater than 20/200 but
any student who has visual acuity with
correction of less than 20/70.
(Ysseldyke et al, 1992, 216)

In America this definition is used to determine eligibility for special education services, but has little relevance to the classroom teacher. Another definition, which simply builds on the term impairment states:

a visual impairment is an anomaly or disorder of
the eye and/or related structures that results in less-
than-normal vision and may necessitate modifications
in a person's approach to daily tasks.
(Meyen & Skrtic, 1988, 359)

Today 'visual impairment' or as is now used 'vision impaired' is a generic term used to identify that group of people with a sensory loss that, even with correction, requires special tools for the person to function successfully in the community. According to Ysseldyke and Algozzine (1990, 222) a 'visual impairment, even with correction can adversely affect a child's educational performance.' Interestingly Meyen and Skrtic (1988, 12) use the same words to identify the term visually handicapped, as defined in the Education for all Handicapped Children Act (PL94-142). Dependent upon the era, these terms have been used interchangeably in texts but the term now used is vision impaired.

3) PARTIALLY SIGHTED, VISUALLY LIMITED

In the United Kingdom the term is partially sighted, but in America it is visually limited. According to Haring and McCormick (1980, 400-01) terms such as low vision, visually limited and partially seeing should be replaced by a blanket term 'low vision' meaning those students who are:

still severely visually impaired after correction,
but who may increase visual functioning through
the use of optical aids, non-optical aids, environ-
mental modifications and/or techniques.
(ibid, 401)

However, not all authors agree with him. Visually limited, according to the definition by Pagliano in Ashman and Elkins (1990, 242) means 'after correction normal functional vision exists for learning', whilst partially sighted, or low vision indicates 'after correction, some functional vision is available for learning'.

Discrepancies between definitions does make it difficult, but for the purposes of this paper the term partially sighted has been used to indicate the person has some sight which can be enhanced by the use of aids.

C. INTEGRATION, MAINSTREAMING, NORMALISATION, INCLUSION

1) INTEGRATION

When examining the meaning of integration a concise definition is often difficult to find as qualitative terms such as effective are frequently added. Gow (1989, 21) speaks of 'integration by default' which occurs when there is no special setting available for the student and 'comfortable integration' which reflects a belief that integration is possible for SOME students in SOME circumstances given appropriate resources.

Integration, as a process, was first suggested in France in 1836 and in 1956 was seen as a directive from the Education Authority in England. Rottenberg (1992, 61) cites the sentiments of normalisation principles, 'no handicapped pupil should be sent to a special school who can be satisfactorily educated in an ordinary school'.

In 1984 the policy of the Victorian Education Department defined integration as: the maximum useful association between handicapped children and others consistent with the interest of both (Collins, 1984, 6). This, according to Collins, is inconsistent with a rights model stating integration should be the process of getting children with disabilities into the regular classroom and supporting their continued participation.

Integration should be about equalizing access and participation, maintaining participation, contributing to equal educational outcomes and reducing the handicapping consequences.

Gow (1989, 34) manages to combine the process with outcomes stating:

Integration is when students with disabilities (with the consent of themselves and their parents) are educated in the company of their regular age peers to the fullest extent possible and provided with instruction that effectively and efficiently meets their individual needs.

2) MAINSTREAMING

In some texts mainstreaming is used interchangeably with integration. The following definition shows it to be a process and a goal.

Mainstreaming refers to the temporal, instructional and social integration of eligible exceptional children with normal peers based on an ongoing, individually determined, educational planning and program process. Kaufman, Gollbieb, Agard and Kukic, 1975, 4.
(Cole, 1991, 9)

Although terms such as 'eligible' and 'normal' are value laden, the definition provides a context similar to integration. According to Ashman and Elkins (1994, 575) mainstreaming is the term cited predominantly in the literature from the United States, referring to the general education stream that students with disabilities may be placed. In this paper, the term 'mainstreaming' has only been used when quoting or paraphrasing an author's work.

3) NORMALISATION

The philosophical basis of integration is normalisation. The principle of normalisation basically means making available to all people with disabilities a way of life which is as close as possible to regular circumstances.

4) INCLUSION

According to Sapon-Shevin, 'inclusion is saying:" How can we meet children's individual educational needs within the regular classroom context - the community of students - without segregating them?"' (O'Neil, 1994/5, 8).

Sapon-Shevin's philosophy is based on the premise that the world is an inclusive community, that is all people vary in some way, for example by race, gender, class, disability and so on. Thus children should learn in the same environment as the world they will ultimately live in (op cit).

Stainback, Stainback and Jackson (1992, 3) clearly differentiate between the terms integration and inclusion stating, 'integration or mainstreaming implies a need to fit students previously excluded into an existing mainstream. In inclusive schooling, the responsibility is being placed on school personnel to arrange a mainstream that accommodates the needs of all students'.

In other words the included students should not have to fit the mainstream. Rather the mainstream should fit the included child.

(v) THE TASMANIAN CONTEXT

It is important to comment on the situation in Tasmania. Up until the early 1990s, in Tasmania, the situation was similar to Australian precedents and international directions. Children were said to be integrated in regular schools. In the area of vision impairment some of those children were fully included in the sense of the words used by Sapon-Shevin's earlier definition. The landmark change came out of the State's Department of Education and Arts Inclusion of Students with Disabilities in Regular Schools Policy of 1944-5. The 1994 Education Act reflects the legal enforcement of the policy. Ensuring all students with disabilities are on an equal basis with their non-disabled peers is the challenge that the policy presents to all schools, teachers and parents.

(vi) WHERE TO NOW?

This chapter has set the scope for the following work. Chapter Two provides the literature review, separating Early European history from the more recent American, British and Australian history of the education of children with a vision impairment. Potted recent examples of several European countries conclude the chapter. A specific emphasis on the Tasmanian education of children with a vision impairment and its similarities and differences to the rest from the world is made to place Chapters Three, Four and Five in context.

Chapter Three gives details of the questionnaire used to gauge current attitudes by teachers and principals of children with a vision impairment toward the children. Chapter Four presents the results of the questionnaire and the final chapter draws some conclusions from the questionnaire. As well some analysis will be made from the literature, using the questionnaire results to look to the future in Tasmania, with regard to present policies and practice.

CHAPTER TWO

LITERATURE REVIEW

(i) INTRODUCTION

From ancient tribal societies to present day, attitudes toward people with a vision impairment have undergone a dramatic change. Legally condoned slaughter of the blind was initially the norm. With the advent of Christianity people who were blind came under church protection. In modern times segregation in education was the accepted practice. Today the ideal is full inclusion - socially, educationally and economically. This chapter has been organized to show a brief overview from early times to the beginnings of special education in Europe, before focusing on separate analyses of America, Great Britain and European countries in recent times. It concludes with a study of Australia with particular emphasis on Tasmania.

(ii) EARLY TIMES

The origins of special education began in eighteenth century Europe where physicians first pronounced a need to educate people with disabilities. Since those early times tremendous changes have taken place in society's attitudes toward people with disabilities (Lister & Hnatuik, 1979, V). This section will briefly examine the changes in attitude through early European history.

Historically three stages of development are clear. During the early Christian Era, persecution, neglect and mistreatment were the norm. Later a change of attitude saw many people with disabilities being pitied and thus protected from the abuse suffered in earlier times. It is only in the last fifty years that societal attitudes have led to a greater acceptance of a much wider spectrum of disabilities evidenced by the process of inclusion.

Lowenfeld (1973) identifies four distinct phases in the evolution of the status of the blind. Initially in tribal and early civilizations those whose could not care for themselves were considered a liability and frequently disposed of since food, clothing and shelter, or put simply, survival was of paramount importance (Jan, Freeman & Scott, 1977, 1). This attitude was legally sanctioned since the laws encouraged the killing of blind children in Greek and Roman civilizations (Lowenfeld, 1973, 1).

Conversely others were venerated (for example Homer, Tieresias and Phineus) as famous scientists and philosophers. It should be pointed out, however, that the prevailing attitude was still that of separation, since those famous blind citizens were treated differently from their sighted peers.

From there, Lowenfeld believes a second phase emerged. His term, "ward status", applied to the advent and rise of monotheistic religions who saw it as their Christian duty to protect the blind by providing asylums and hospitals. Jan, Freeman and Scott (1972, 12) point out that in 858 AD Prince Hitoyasu, the son of a Japanese Emperor, lost his sight and thus began a change in attitude whereby the blind were protected rather than persecuted. However by 1870 a change of Government in Japan saw the end of pensions and protection and so conditions worsened for people who were blind, as it did in Europe.

Those people who were blind, but able to prove their value in some way managed to retain church, but not government, protection by being recognised as bards, singers and musicians. This era Lowenfeld (1973, 12) calls "Self-Emancipation" and is able to cite many individuals who were blind who achieved outstandingly, for example Nicholas Saunderson (1682 - 1739) the mathematician, John Metcalf (1717 - 1810) the English road engineer and Thomas Blacklock (1721 - 1791) the Scottish poet and minister (ibid). Individuality was at last being recognized. This was the first step toward inclusion in the mainstream of society.

The concluding decades of the twentieth century have reflected a call for an inclusive system of school, work and community. The assumption that the blind could perform only certain tasks and required separate schooling to go onto occupational separation has been questioned. The belief today that each individual has abilities that require individual examination is apparent. To that end, the binding factor for people who are blind has become their ability to be participants in a global world.

In reviewing the literature written about pre-special education times it is apparent that survival was the overriding characteristic that determined attitudes. Early societies' need to provide shelter, food and clothing deemed the blind as a liability. As

civilizations became more complex, where power and class hierarchies emerged, protection and pity became key features. Important and powerful people who had a personal investment in the blind ensured those who were blind were protected.

Many individuals who were blind became famous musicians, bards, philosophers and mathematicians¹ and so enhanced the image of the blind. Society judged those people to be worthy of consideration. They were perceived as enhancing, rather than downgrading society. It is only in present times where survival, although still an issue, does not override humanitarian and equality issues, that those individuals who are visually impaired are treated as individuals with value in their own right.

(iii) AMERICAN HISTORY

It is well recognized that the origin of educational facilities for children who were blind began in Europe. It was not until almost 1930 that America began to open schools for children who were blind. From then until the 1950s societal attitudes determined that the education was segregated. With the advent of advocacy groups, particularly parental pressure groups, societal perceptions of the now termed, visually impaired began to change. The 1975 Public Law 94 - 142 saw integration become fact. The greater variety of technological devices helped overcome mobility and other problems and so children with a vision impairment integrated into regular schools.

In 1829 the first school for the blind, the New England Asylum for the Blind (later known as the Perkins School for the Blind) opened in Boston. Soon after, in 1832, the New York Institute for the Blind and the Massachusetts Asylum for the Blind began and in 1833 the Pennsylvania Institution for the Instruction of the Blind started up in Philadelphia (Haring & McCormick, 1986, 399 and Roberts, 1986, 2-3). Their titles alone, set them apart from regular educational facilities, thus reflecting the attitudes of that era. 'The ideals of universal education did not apply to individuals with sight defects' (Hazekamp & Huebner, 1989, 82). However the establishment

1. See Lowenfeld (1973), Jan, Freeman & Scott (1977), Rottenberg (1992) for greater detail.

of schools for the blind at least signified an attitude that the blind were worth educating, a change from earlier times.

As early as 1879 the use of pressure groups wrought change. The American Association of Instructors of the Blind (AAIB) Congress passed an Act to promote the education of the blind. This was the first law enacted to support the education of any handicapped group in the USA (Cutsforth, 1951, 63).

The schools were all privately financed and followed the European residential school model. Indeed European scholars played a vital role in American special education as they were the first professionals to become concerned with the welfare and education of exceptional children (Hallahan & Kauffman, 1982, 15 - 17). Samuel Gridley Howe, for example, became famous as the founder of the Perkins School for the Blind with new techniques for teaching children who were blind. He was an early advocate of integration for children with a vision impairment. Howe proposed that children would learn more easily and be better citizens if they were educated in their parents' home communities (Meyen & Skrtic, 1988, 352). Howe's views were not in line with current attitudes and so his beliefs did not become reality until well into the twentieth century.

Until 1850 education was not compulsory in America and so only the wealthy sent their children to boarding school (Roberts, 1986, 3). Here, children who were blind appeared to be treated preferentially. By 1837 society's willingness to recognize and respond to the needs of the blind as a group and the limits of the regular school programs to accommodate those needs was apparent and so the first state supported school opened in Ohio. Between 1832 and 1875 thirty public and private schools¹ for children who were blind were established, many more schools than for other disabilities (ibid). The funding for schools for the blind did, however, differ from

1. For a comprehensive time line, see Appendix 2.

general schools. Rather than being supported by general school taxes, money was made available by state legislature or private donations. This then was another example, by implication, of the prevailing attitude that people who were blind should be treated differently. As education was legislated as compulsory, debate waged as to how to educate all children who were handicapped. The nature versus nurture debate where Darwin's 'survival of the fittest' theory was predominant, raged. Legislation, passed in 1879, saw the provision of funds for the American Printing House for the Blind in Kentucky begin, where large print, braille books and educational materials could be printed. By 1931 it was allowed to provide books for the adult blind population and soon after 'talking books' as sanctioned by the Pratt-Smoot Act of 1930 (Haring & McCormick, 1986, 399, Ysseldyke and Algozzine, 1990, 224). This again, is evidence of the attitudes prevalent at the time.

Like people who were blind, the partially sighted, those people with limited but useful vision, were also treated as a separate and segregated group. In 1913 a "Defective Eyesight Class" began in Boston (Roberts, 1986, 7). Not until 1938 did a Californian program begin for children with low vision (Haring & McCormick, 1986, 401). The latter was started due to the rise in the number of vision impaired due to retrolental fibroplasia (RLF) (a condition resulting from the administration of an excessive concentration of oxygen at birth causing scar tissue behind the lens of the eye and now known as Retinopathy of Prematurity) (Hallahan & Kauffman, 1982, 452) and legislation permitting children to receive aids from the American Printing House (ibid). Attitudes toward the education of people with a vision impairment were forced to change due to the physical numbers of children requiring education. Early programs however actually discouraged children from using any residual vision. It is obvious, thus far that legislation played a crucial role in the development of programs and services for people with a vision impairment.

A change in attitude toward adults with a vision impairment and, as a filter down effect, on children occurred due to World Wars One and Two. Not only were medical explanations becoming available for many handicapping conditions, but war had rendered many people handicapped. The American Federation for the Blind, a group

comprising people who were blind, started in the early 1900s, and gained momentum in the post war period. John Dewey's 'individual' theory and research centring on child growth and development indicating that children were better off socially and emotionally in their own families assisted the push for day schools for the blind and in an integrated setting (Roberts, 1986, 8).

The first half of the twentieth century was characterized by specific groups pushing for a greater level of service and a greater level of inclusion in society. On the other hand policy makers looked at the economics before legislating or even condoning certain inclusionistic practices. General school teachers, for instance, had access to university based courses throughout the twentieth century. For those wanting to specialise in teaching children who were blind however, many were trained through an apprenticeship in a residential school. The first university based course began in 1918 at the University of California (Cutsforth, 1951, 12). Other courses followed, but many lapsed during the Depression of the 1930s.

The policy makers and governments deemed, by implication, the education of children who were blind as not economically viable. At this stage conflict erupted. The superintendents of some residential colleges resisted university based courses, whilst other schools were wanting to upgrade the quality of their teaching staffs. This was a significant conflict of attitude regarding the standing of the vision impaired in society. By 1948 day school classes for children who were blind and children with a vision impairment served less than ten percent of the total of identified school age children (ibid, 13). In practice little had changed. Medical advances had limited the number of children being born blind. Thus there was adequate space in residential schools for the children needing schooling, alleviating pressure on public day schools. In essence there was no impetus or pressing need for the establishment of day school programs for children who were blind.

By the 1950s however the incidence of children with a vision impairment had rapidly increased. Two epidemics (Retroental Fibroplasia (RLF) and German measles) had caused demand to exceed availability. Residential schools and the limited number of day schools were forced to initiate new programs and modify and expand old

programs (Cutsforth, 1951, 8). Greater flexibility and training for a wider variety of educational settings became vital. Lowenfeld (1973, 344 - 6) detailed additional reasons for the increased interest in the education of children with a vision impairment. Firstly medical advances had disputed the belief that the use of residual vision would harm the eyes. Secondly Veterans Administration in the USA had developed a program for World War 2 veterans who were blind and educators believed it could be adapted for children. Also, as mentioned earlier, theories of child development emphasized the importance of growing up in a family situation. This last aspect became central to the argument for setting up more day schools for children with a vision impairment. Hatlen, Hall and Tuttle (1980, 6) add that national organisations advocating with educators for local placement in the regular classroom for vision impaired children provided the greatest impetus for change.

The period from 1950 to 1970 then, is characterized by change and a growth in the understanding of the needs of children with a vision impairment. The demand for improved standards of educational programs, more specially trained teachers, further ancillary services and a greater variety of educational settings was apparent. The 1957 Pine Brook Report, articulated the philosophy for educating children with a vision impairment with their sighted peers. Underlying the report was the belief that all children should have the right to remain with their families and local community that the local community has an obligation to provide an appropriate education for a child with a vision impairment (Hanninen, 1975, 4). The report was reaffirmed in 1969 by the policy statement of the American Foundation for the Blind (*ibid*).

During these turbulent years of change considerable documentation, most in the form of case studies, supported the theory that teachers' views of students were a strong force in determining the nature of interaction between teachers and students and in turn student achievement (Rosenthal & Jacobson, 1968, Good 1970, Brophy & Good 1974, Purkey, 1970). Attitudinal messages are constantly conveyed, most without conscious thought and so teachers are crucial for successful mainstreaming (Schulz & Turnbull, 1984, 31-371). Salend (1990, 137-171) also comments that mainstreaming, whilst based on the premise that placing children with disabilities with their non-disabled peers creates positive social interactions can be successful but is in fact limited

by the prior experiences and negative attitudes of the non-handicapped.

Enell (1982, iii-19) claimed in his study that regular children also benefited from having children with a vision impairment in their classes, but the teachers' lower expectations of the child negated the benefits of regular education. Those attitudes that allow for lowered expectations because of a disability are based on accepted social norms and values that are deeply ingrained in our historical, sociological and cultural development (Eric Clearinghouse, 1985, 42). They summarize numerous studies that indicate negative attitudes by teachers are a result of a lack of knowledge of the disability, lack of exposure to people with the disability and a lack of training (ibid, 10-21). Eichinger, Rizzo and Sirotnik (1991, 121-126) also drew similar conclusions, stating academic preparation, attitudes and effective learning environments influenced changes in the perceptions of people with disabilities.

Illustrative of the change in attitude toward the education of people with a vision impairment is the fact that since 1960 more than half of the children classified legally blind in the USA have been enrolled in local schools and almost one hundred percent (100%) of children who were partially sighted have been enrolled in local schools (ibid). During this period of questioning and analysis of the rights for an appropriate education for the vision impaired. Lazerson (1983, 38) comments 'it is hard to overestimate the impact of parental organizations on special education in the 1950s and 1960s. They were the successful agitators for the expansion of the system'.

Legislation enacted was as a direct result of the pressure of advocacy groups (Meyen & Skrtic, 1988, 52). At the same time it would appear that changes in social welfare and its corresponding legislation began to remove the connotation of charity and so people with a vision impairment felt empowered within their own advocacy groups. The parental organizations served three main functions. Initially they provided an informal meeting ground with other parents who understood the others' problems. It was simply an outlet to be able to talk to others. As the groups became more organized they provided an information service detailing necessary resources and "know-how" to gain the best possible education for the vision impaired. Finally, by their very nature, they became the structure to advocate for specific services (Hallahan & Kauffman,

1982, 19).

The Council For Exceptional Children (CEC) and in particular, the Division for the Visually Handicapped (DVH), established in 1952, also became a significant lobby group. Even such things as the Civil Rights Movement assisted the cause of people with vision impairments. Popular ideas about public educational accountability and advances in science and technology all contributed to the advancement of the quality of the education for people with a vision impairment (Kauffman & Hallahan, 1981, 17). Within the mire of popular opinion the government provided the funds for education and thus were expected to show direction. Without government action, inequities, resulting from a lack of legal status, would occur. However Kauffman and Hallahan (1981, 17) report that even with government intervention, legislation can be empty of meaning and 'detrimental to the best interest of individuals'.

As regular schools began to include children with a vision impairment in the classroom, parents began to demand a major role in the education of their children. Simply placing the child in a regular classroom was insufficient. The parents demanded to know what was happening in the classroom (Ferrel in Scholl, 1986, 265-6). Parents then, as lobbyists made a huge impact on the social, political and economic realities from the 1950s through to the 1970s. The use of litigation on several occasions to prove their point, forced the general population to rethink their overtly demonstrated attitudes of segregation and exclusion.

At this point in the analysis it is worthwhile reviewing some more studies done on attitudes toward children with a vision impairment. Sommers' 1944 study of parental reactions to blind (sic) children found five reactions - denial, overprotectiveness, disguised rejection, overt rejection and acceptance. Due to the low incidence of vision impairment the person tends to be an oddity in the community and consequently parental reactions mirror the community (Lowenfeld, 1973). Over thirty years later, 'attitudes of adult relatives and friends are debilitating to blind children and must be recognized and changed' (Hanninen, 1975, 83).

Thus one of the most difficult obstacles for the child with a vision impairment is the

attitudes of parents, teachers and other adults which hamper normal development, not only educationally, but socially and emotionally. Parents tend to be overprotective or rejecting, whilst teachers excuse poor achievement due to vision impairment. Other adults have biases that lead to condescension, unrealistically simple expectations and other actions which in turn relays a message to the child with a vision impairment that s/he is different. It is obvious that initial parental reactions reflect the wider community attitudes. A 1968 study by Schmidt and Nelson found attitudes tended to be more positive from respondents who had had previous contact with children with a vision impairment (Keilbaugh, 1977, 433-5). Eaglestein's study, on the other hand suggested that as the length of placement in a high school increased, rejection was more likely to increase (ibid, 430-3).

Each of the studies is a quite accurate microcosm of larger American attitudes of the time. The 1940s was openly exclusionistic. By the late 1960s attitudes were changing and considerable work had been done by physicians, clergymen, psychologists and special educators to encourage people to be more accepting of people who were vision impaired (Kauffman & Hallahan, 1981, 48). This was often achieved by contact with people with a vision impairment to realistically demonstrate how little the handicap mattered. By 1975 educators had no choice. Legislation forced them to accept children with vision impairments into regular classes and the backlash was rejection.

By the early 1970s attitudes had polarised. A belief that children with a vision impairment had a right to a full and satisfying life as fully participating members of society was predominant. Equal opportunity and equal access became common catch phrases. Meyen and Skrtic (1988, 352) noted, however, that whilst the attitudinal climate of professionals appeared positive and accepting it was also crucial for children with a vision impairment to demonstrate an ability to want to be participative. Gearheart, Weishahn and Gearheart (1988, 152-161) noted that whilst equality and inclusion were major issues at the time, a belief that a need for a full continuum of services for people with a vision impairment dependant on age, achievement level, intelligence, presence of other handicaps, emotional stability, eye conditions and the wishes of each child and his/her parents persisted. Avery (1971) and Stephens and Birch (1969) in their texts also support the idea that at the time, a belief in the need for a variety of educational options was prevalent. Many, whilst supportive of inclusion,

believed it was only one option, not the only option. Lowenfeld's statement in Jan, Freeman and Scott (1977, 392) embraced the educational, psychological and social aspects of the child with a vision impairment's development without specifying where on the continuum it should occur. 'Education must aim at giving the blind child a knowledge of the realities around him, the confidence to cope with these realities and the feeling that he is accepted as an individual in his own right' (Jan, Freeman & Scott, 1977, 292).

Initial legislation in the 1970s was based on the withdrawal of funds if discrimination occurred, for example section 504 of the Rehabilitation Acts of 1973 (Ysseldyke & Algozzine, 1990, 46).

No otherwise qualified handicapped individual in the USA....shall, solely by reason of his handicap, be excluded from the participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving federal financial assistance.
(Lewis & Doorlag, 1983, 9)

Section 504 became one of the first mandatory pieces of legislation enacted. Previous legislation was permissive in that it permitted schools to be provide 'special' education, but did not enforce its provision (Hallahan & Kauffman, 1982, 22).

Thus the pattern of exclusion was being forced to alter. Other minorities, for example, racially segregated groups, were also agitating for inclusion. Attitudes throughout all levels of American society were being reconsidered. In 1975 special education, per se, was transformed from small and often neglected programs, to a national commitment in all areas by Public Law 94 - 142 (Tweedie, 1983, 65). PL 94 - 142 mandated many things. For children with a vision impairment it meant more attention had to be paid to infant and pre-school programs. Although the United States Government did not keep a register of all persons with a vision impairment, each school district was forced to implement child-funding procedures so that parents and carers were fully informed of the options. Children of pre-school age were able to enter programs to assist their development (Meyen & Skrtic, 1988, 355 - 374).

Improved assessment tools and techniques had to be implemented. Parental involvement in the identification of goals and objectives and in the placement decisions could not be denied. The role of the teacher of children with a vision impairment altered also. Originally they served primarily academic needs. As a consequence children with a vision impairment were lagging in life skills. Teachers of children with a vision impairment now had to focus on the whole child, his/her physical, emotional, social and educational development. As a result of PL 94 - 142 a centralized statewide centre for instructional materials emerged. It enhanced coordination of services and programs (op cit).

PL 94 - 142 also mandated a range of options for the education of children with a vision impairment. Previously lobby groups had advocated inclusion in the regular school environment, but dependant on the individual child's need it may not have been appropriate. The legislation according to Scholl (1986) recognized the need for a range of options. At one end of the scale, residential schools still had to be an option. Almost all American states had a residential school and many children with a vision impairment still attended these. Self-contained classrooms, begun in Chicago in the early 1900s, were to be available for children with a vision impairment requiring specialist teaching, but allowing the children to mix with their sighted peers during breaks. Co-operative programs, where children with a vision impairment were integrated into mainstream programs were also introduced. Closer to total inclusion was the use of a resource room. The child with a vision impairment identifies with the regular class since most of his/her day is spent there and the regular teacher has primary responsibility for the child. The resource room is simply available if specialized intervention or consultation is required. A fifth option was the use of an itinerant teacher. This option was popular due to the geographic isolation of some children with a vision impairment and the low incidence of vision impairment in many schools. The itinerant teacher travelled to each school to provide specialized materials and instruction. This might occur from once every fortnight up to three times a week. In very isolated areas the teacher consultation program was implemented. The aim was to equip the regular classroom teacher with sufficient management strategies and skills to cope with a child with a vision impairment full-time (Meyen & Skrtic, 1988, 374 -

379).

The mandate of PL 94 - 142 meant that the needs of each child with a vision impairment had to be assessed to determine the most appropriate model to employ. The lobby groups then, had agitated for, and achieved a law that was meant to guarantee a free appropriate education for all children without discrimination. The education was to be in the "least restrictive environment" (LRE), that is an environment most conducive to the best possible education, where individual educational programs (IEPs) were to be implemented. Once again attitudes, in practice, had to change. Mandatory legislation, making it illegal to discriminate against people with a vision impairment meant practice had to illustrate inclusion. It was hoped, over time, that attitudes would alter to complement the new laws.

The raised expectations of parents and advocacy groups after PL 94 - 142 was enacted and subsequent state legislation did not always meet with reality. Many authors¹ detailed anomalies and areas of weakness where PL 94 - 142 was being enacted on paper, but not in practice. Chambers and Hartman (1983, 4 - 6) purports three major obstacles to full implementation of the intent of the law. The organizational characteristics of the local education authorities (LEAs), a lack of adequate knowledge to be able to specify accurately the components of appropriate education for individually handicapped children and the limited resources available to carry out the mandate were not addressed by the legislators. Meyen and Skrtic (1988,48) add to the list by stating a lack of fiscal commitment to the states meant part of the law remained unmet.

As Ysseldyke and others (1992, 5) state 'unfortunately, mandating changes in educational systems and practices does not always make them happen'. Advocacy groups then, had moved from a primary goal of simply standing up and being recognised to agitating for free and appropriate access to education to a mandate for full integration, rather than being a sub-system of regular education. Biklen (1985, 176)

1. see Chambers & Hartman, 1983, Meyen & Skrtic, 1988, Ysseldyke et al, 1992 and Hallahan & Kauffman, 1982 as examples.

viewed it as a move to activism; rights and equity, NOT pity, compassion and benevolence. Although PL 94 - 142 was heralded as a major breakthrough in the fight for equality for all children with disabilities, the positive attitudes did not appear immediately. People with negative attitudes toward inclusion were able to interpret the law, but not break it, to still make the 'education for all' statement inaccurate. Nevertheless the 1970s and 1980s saw a remarkable reversal of the negative attitudes that had relegated children with a handicap to isolated classes, hospitals and residential centres (Reynolds & Birch, 1988, 11-13). In the two years following the mandate of PL 94 - 142 almost 75% of children identified as handicapped in the United States were mainstreamed (Lewis & Doorlag, 1983, 322). Enell's (1982, 4 - 10) study of interviews from 1978 and 1980 showed the stigma associated with special education decreased considerably.

The negative effect of PL 94 - 142 was a lack of provision for developing skills in regular teachers to cope with children with disabilities. By the early 1980s this was starting to be rectified. Teachers were discovering that children with a vision impairment required more time to do some tasks, greater clarification and repetition of directions. 'Essentially teachers discovered if they gave their special education students the same respect, praise, guidance and structure as they gave to their regular students they were successful in their mainstreaming efforts' (Enell, 1982, 19).

By 1980 approximately fifty residential schools for children with a vision impairment remained, with enrolments from twenty to thirty up to three hundred students. (Hatlen, Hall & Tuttle, 1980, 4). The numbers are indicative of where parents and carers stood regarding the debate over the least restrictive environment. For some parents a more specialized education based on the specific needs of children with a vision impairment, whilst in a restrictive institutionalized environment, provided what they thought of as the most appropriate education.

1984 saw PL 94 - 142 amended and reauthorized as PL 98 - 199. The new mandate designated appropriate education, thus allowing residential schools to remain an option (Hazeckamp & Huebner, 1989, 83). Attitudes were once again reflected in the interpretation of the law designating how a child with a vision impairment should be

educated. In one state children with a vision impairment attended a residential school, in another a public school and whilst some received mobility training many did not (op cit). Another problem became apparent. Whilst thirty to fifty percent of all children with a vision impairment have one or more additional disabilities, legislation provided for single category impairment only in regard to funding. As a result many children were placed in the 'multiply handicapped' category. Hazekamp and Huebner (1989, 84) point out that between 1978 and 1982 statistics showed a decrease in the number of children with a vision impairment. The resultant funding for teachers of children with a vision impairment and training thereof, subsequently decreased also. The same authors note that whole sections were devoted to the responsibilities of teachers, parents and governments in the 1980s where deficits existed. Strategies were continually being put forward to try to overcome the deficits. This was a reflection of an attitude that more should be done for people with a vision impairment.

A further overt demonstration of commitment to provide high quality services to the vision impaired came in 1984 when the American Association of Workers for the Blind and The Association for Education for the Visually Handicapped united to form the Association for Education and Rehabilitation of the Blind and Visually Impaired. The inclusion of early intervention programs was mandated in 1986 with PL 99-457, a further amendment of PL 94 - 142 (Meyen & Skrtic, 1988, 4 -5). As Lipsky and Gartner (1989, 20) comment 'they [people with special needs] are being viewed as "full-fledged" human beings, capable of achievement and worthy of respect'.

By 1990 a further reauthorization, revision and renaming of the Education for All Handicapped Act, PL 94 - 142 in the form of Individuals With Disabilities Education Act, PL 101 - 476 was a significant indicator of how much attitudes had changed and become more positive since people began to lobby for equality in the 1950s.

We appear to be at a point in history where we are no longer satisfied with just discussing the mainstreaming or integration of some students into regular education. Rather, we have begun to analyze how we might go about integrating or merging special and regular education personnel, programs and resources to design a unified comprehensive regular education system capable of meeting the unique needs of

all students in the mainstream of regular education.

(Ysseldyke et al, 1992, 22)

Special education began as evidence of society's willingness to recognize and respond to the individual needs of students and the limits of regular school programs to accommodate those needs and has reached the point where its title alone denotes segregation and thus is outdated, according to Ysseldyke and others (1992, 20 - 26).

Legislation, in particular PL 94 - 142, could be said to be the driving force behind changes in attitudes toward people with a vision impairment. Similarly lobby groups in particular parents, could also be ascribed the role of attitudinal change agents. Ysseldyke and Algozzine (1990, 39 - 42) observe that if asked why does special education exist, why have integration, why allow parents access to programs and so on, most state directors of education would answer - state and federal laws require it. Ultimately though laws are a response to public opinion and social policy. Attitudes are formed by and used to form social policy. Legislature then is a legitimate source for describing the attitudes of the general public toward the inclusion of people with a vision impairment in regular schools.

Sanche and Smith's (1990, 233 - 38) eight year study of teachers from 1982 to 1990 showed significantly more positive attitudes toward mainstreaming in 1990. Their assumption that the 1982 - 90 period, where mainstreaming, the rights of the child and new legislature was being enacted, created an atmosphere for change. This highlights the transition being made by teachers toward the acceptance of children with a disability into the regular classroom.

Reynolds and Birch (1988, 13) believe integration and mainstreaming can only work if attitudes change. They believe the legal process is insufficient as loop holes will always be found. 'The community at large must perceive integration as a positive force, not negative as reflected by societal attitudes' (ibid). Accordingly, mainstream education for children with a vision impairment has a rather longer and more successful history than for other disabilities. However the regular classroom needs to offer services of braille, typing and ease of mobility. Biklen (1985, 50 - 56) endorses

the statements by Reynolds and Birch, adding that school principals play a major role in the integration process. If they are not open to change they cannot expect to find it amongst their staff or in the community. 'Positive attitudes make a profound difference to a program's chances of success' (ibid).

As already demonstrated most authors agree that positive attitudes are essential for mainstreaming and integration to succeed. Similarly many authors point out that legislation is also essential to ensure the full continuum of services remains available (for example: Silverstein 1985, Hubbard 1983, Meyen & Skrtic 1988, Orlansky 1982, Pascoe 1973). Maron (1978) is unusual in his vehement arguments against residential schools as an option, citing phrases such as narrow curriculum, isolationist and segregating as his reasons.

For people with a vision impairment in American legislation, attitudinal changes and lobbyists on their behalf, have created a greater awareness of their abilities, but technological aids have made as great an impact. Biklen (1985, 149) claims a lack of appropriate technology can be one of the greatest barriers to integration. Scadden's (1990, 203) comment that 'modern technology is enhancing the educational opportunities of blind and visually handicapped students' in the areas of orientation, mobility and academic pursuits supports Biklen's views. Scadden adds, however, that the discrepancy between state of the art educational technology and the state of educational practice is disadvantaging many students with a vision impairment. Reynolds and Birch (1988, 3-6) note that appropriate technology is expensive and expenditure in this area receives close political scrutiny. As the incidence of vision impairment is so low (approximately .1%) state governments find it difficult to justify the expense. Once again economics tends to take precedence even though positive attitudes and mandatory laws are evident.

America, in many aspects has followed the European trend in the education of children with a vision impairment. From segregation, where residential schools were the norm through to today where inclusion in every aspect of education is the goal, societal attitudes of each stage are a reflection of practice. Residential schools now have a more contemporary function as part of the total education scheme. The emphasis on

the use of residual vision, technological advances, greater attention to teaching theory and practice (Jan, Freeman & Scott, 1977, 291) have all made an impact on the education of students with a vision impairment. Public Law 94-142 and its recent amendments and reauthorizations recognize, 'there is no one best program for the education of visually handicapped students. There is a best program for a particular child at a particular time in his/her life' (Hatlen, 1990, 82).

Whilst the early 1900s saw people set in their views of segregation the twenty years from 1950 recognized the need for attitude changes which in turn led to changes in practice. Recent years have seen the reaffirmation of governmental responsibility, not only in monetary terms, but in legislature which has altered societal attitudes. Society as a whole now acknowledges the contribution people with a vision impairment can make and accept responsibility for their education, academically, emotionally and socially, as is reflected by attitudes of inclusion and acceptance within the community.

(iv) GREAT BRITAIN

The Warnock Report of 1978 is Britain's most indepth examination of the education of children with disabilities and its subsequent recommendations were noted in the 1981 Education Act. Like the United States, Great Britain has moved from segregation through to the inclusion of students with a vision impairment in the education system.

The first schools for the blind and deaf were founded in Mozart's time, but were available only to a few and are unrecognizable compared to today's schools (Warnock, 1978, 8). Most schools for the blind began as charitable enterprises, based on voluntary organizations. This, of course, was the social setting of the late seventeenth and early eighteenth centuries. The attitude that the blind were 'defective' and thus lesser human beings to be pitied was prevalent (Chapman, 1978, 30). Government intervention to support voluntary efforts did not occur until much later.

The first school for the blind was established in 1791 by Henry Dannett in Liverpool,

The School of Instruction for the Indigent Blind. The school provided training in music and manual crafts for children and adults. No formal education was given. It was really just an excuse to legitimize child labour, but its success justified the establishment of other similar models. The Asylum for the Industrious Blind began in Edinburgh in 1793, followed by the Asylum for the Blind in Bristol in the same year. By 1800 the School for Indigent Blind began in London and the Asylum and School for the Indigent Blind in Norwich began in 1805 (Warnock, 1978,8-10). All the schools focused on vocational training for employment. At the time attitudes focused on work and being productive. It could be said that at least these schools obliterated the 'charity' tag, but in effect they were fostering attitudes of separateness and exclusion from the mainstream of society.

By 1835 a Yorkshire School for the Blind had been established, focusing on arithmetic, reading and writing as well as vocational training. Soon after, in 1838, the London Society for Teaching the Blind to Read proposed a general education as the foundation for training in manual skills. Henshaw's Blind Asylum in Manchester agreed with this philosophy and outlined educational objectives for the school. The General Institution for the Blind, founded in 1847 at Birmingham, combined industrial training with a broad general curriculum. The blind were considered worthwhile members of the community and were trained in money making jobs to allow them some independence. However the segregation was still blatant and the blind were not considered educable for their own sake, only as an economic entity.

By 1870 approximately twelve institutions for the blind had been established throughout Great Britain. Most were training centres and only the most able benefited. In 1866, it should be noted, the first senior school for the blind, Blind Sons of Gentlemen, was established. Again this was quite exclusive and exclusionistic in nature, benefiting only a few. The attitude of maintaining separate educational facilities was prevalent.

The Royal Normal College for the Blind, now titled the Royal National College for the Blind, founded in 1872 by two blind men, was the first to set out to prove the blind could be active and independent (ibid, 31). Roberts (1986, 5) cites the first sustained

attempt for a public day school for children who were blind began in Scotland in the same year when the Scottish Education Act included provision for the sighted and blind to be educated together. By 1874 fifty children who were blind were taught in regular Scottish schools due to the 1872 Education Act. Soon after the first blind students were admitted to public elementary schools in London. By 1888 there were twenty centres attached to regular schools, allowing children who were blind to mix freely with their sighted peers (Warnock, 1978, 8 - 10).

The first efforts then at educating children with a vision impairment began more as a result of social conscience and economics than legislation. Although generally called schools or institutions they were merely training grounds for manual labourers. Scotland was, perhaps, more progressive than England, in legislating and allowing some form of inclusion. In 1875, Jamieson and others (1977, 48) report that fifty percent of children who were blind were being educated (or trained!) in institutions whilst the other fifty percent were cared for in the home. By 1886 a Royal Commission on Blind and Deaf people was instigated to report on the educational provision for the blind and deaf in the United Kingdom. Its secondary role was to look at employment opportunities and the educational changes needed to increase qualifications for employment.

The Commission reported in 1889, recommending compulsory education for blind children from five to sixteen years of age. This is noteworthy since regular school children were only compelled to attend school until eleven. Further recommendations included a belief that the education should take place in the child's local school or certified institutions, school boards should have the power to pay grants for education beyond the age of sixteen and elementary education, for children twelve and under, should be conducted in regular classes by regular teachers with specialist teachers visiting (Warnock, 1978, 10-11). In comparison with the American history of education for children with a vision impairment these recommendations were most progressive.

Legislation soon followed. In Scotland the Education of Blind and Deaf Mute Children Act of 1890 and the Elementary Education (Blind and Deaf Children) Act of

1893 for England and Wales required school authorities to make provision in their own or other schools, for the education of the blind and deaf in their local community (op cit). The requirement, for blind children from five to sixteen, clearly implied that blindness was not an excuse for a child's non-attendance at school. Governmental monetary support was assured. In effect local education authorities discharged their obligations by paying fees to existing segregationist schools. These schools flourished, allowing segregation to emerge as the norm (Jamieson et al, 1977, 49-50).

Throughout the nineteenth and early twentieth centuries special schools for the blind formed the nucleus of educational facilities for the majority of children who were blind in Great Britain. Once again legislation can be seen as only part of the process necessary for inclusion of children with vision impairments. Loopholes can always be found, mandates interpreted and laws twisted to suit the purposes of the educators and the general community. The Acts, whilst philosophically inclusionistic, in practice were allowed to reflect societal attitudes of segregation. Already established, separate schools and institutions reflected attitudes of the times. The legislation was not rigidly adhered to, and little was done to enforce the Act (Chapman, 1978, 30 - 33).

By 1902 the Education Act had been amended, changing the status of special education provision. Although the blind and deaf made greater advances than the physically and mentally handicapped no provision was made for children prior to school age. Blind children were not always entered into schools at five years of age, partially sighted were disadvantaged and exploited and the provision was often for boys only (Warnock, 1978, 16). The partially sighted, historically were treated as a separate group from the blind. In 1907 the first provision for the partially sighted was made in London by the County Council (Jamieson et al, 1977, 33). The school taught reading and writing from large type rather than braille. This is noteworthy since the American philosophy of the same era believed using residual sight harmed the eyes. It is obvious that the United Kingdom, although basically segregationist in nature, was more progressive in legislature and attitude toward people with a vision impairment at this stage.

By 1913 eight English authorities had made provision for children with partial sight

(Warnock, 1978, 16-18). In opposition to earlier efforts one school for the partially sighted canvassed conservation of sight and had the inscription placed on the front door:

Reading and writing shall not enter here.
(Chapman, 1978, 34)

By 1920 earlier efforts at including children who were partially sighted and blind in the mainstream of education was being negated by legislature.

The 1920 Blind Persons Act and the 1921 Education Act consolidated special education as an entity by affirming education for children with disabilities as being separate from regular education. The 1921 Act specifically called for Local Education Authorities to provide segregated education (Rottenberg, 1992). The only progress made was the start of nursery education and schools for blind girls, for example Chorleywood College for Blind Girls (Warnock, 1978, 16 - 18). Like its American counterpart the attitude of needing to separate students with a vision impairment from their sighted peers prevailed. It was not until 1934 that a report recommended that children who were partially sighted should, at least, be educated with their sighted peers (Warnock, 1978, 17). The blind were still to be educated separately.

According to Jamieson, Parlett and Pocklington (1977, 50 - 53) questions regarding the advantages to a child who is blind staying in their local community and own home environment did not emerge until 1936. Psychologists, doctors and some educational authorities started to question the value of interaction between children who were blind and their sighted peers. Many Local Education Authorities (LEAs) argued however, that administrative problems needed to be overcome before some form of integration could occur. In 1941 another report called the Green Paper, was issued by the Board of Education. This paper analysed special education as set out in the Education Act and looked to the future and post-war needs. The conclusions drawn proposed a need to define blindness to ensure children who were blind continued to be well catered for (Warnock, 1978, 18).

Following the report a new Education Act was drawn up. The 1944 document

restricted blind, deaf, epileptic and physically handicapped children to special schools (Rottenberg, 1992, 61). The wording was general, ambiguous and open to interpretation:

to the need for securing that provision is made for pupils who suffer from any disability of mind or body by providing, either in special schools or otherwise, special educational treatment, that is to say, education by special methods for persons suffering from that disability (Education Act 1944, S8(2)(C)).
(Sutton, 1982, 6)

A disability required 'treatment' according to the Act. The disabled were 'suffering' and 'provision is made' but specifics as to how, by whom and where were left out. Obviously the Act is a reflection of the era, where attitudes of fear and feelings of ignorance were disguised by generalizations, such as the Act, and segregation into separate schools. As Sutton (1982, 7) adds, the 1944 Act was 'framed against the background of one nation idealism and implemented against post-war austerity'. In the post-war period financial constraints were a major factor. It prompted a belief in the redeployment of resources for people who were handicapped into general educational funds.

From being a governmental responsibility where funding was freely available people who were handicapped had suddenly become a shared responsibility between the Local Education Authorities, professionals, the children's parents and the Minister for Education. Categories of disability were not clearly defined, but left to the Minister to decide. The LEAs were left to establish which children should have access to the programs, be responsive to the parents and mediate in disputes between parents and doctors since only a medical officer could issue a LEA with a certificate defining a disability (ibid). The parents were forced to allow their children to have medicals and abide by the decision of the authorities. The parents and the child, who the focus should have been on, appeared to have few, if any, rights. Luckily for many children with a vision impairment the issues were more straight forward. Most vision impairments can be measured and so conflict was eliminated.

The 1944 Act did, however, clearly distinguish between the partially sighted and the blind. The partially sighted, unlike the blind, were not considered seriously disabled and so could be educated in regular schools or units attached to regular schools. The Act specified that children who were blind must be educated in special schools (Warnock, 1978, 20 and Chapman, 1978, 31 - 33). A further stipulation was placed on children who were blind because of their low incidence. As an economic measure the children were to be accommodated in special boarding schools. At this stage segregation was still considered the norm, but by the 1950s parents were already lobbying for improvements in facilities for people who were vision impaired. Primarily parents advocated for improved facilities, knowledge and research into vision impairment which in turn would affect policy on educational provision. Parents pushed for recognition by educational authorities of education of children with a vision impairment as a right and as such the appropriate supportive services should be available from an early age (Chapman, 1978, 17-28).

By 1955 educational authorities reported that the provision for the blind and partially sighted was adequate. As a consequence the number of separate schools was reduced from fourteen to three. The following fifteen years were characterized by advocacy, lobbying and conflict over the best environment for the education of children with a vision impairment. The only highlight was a recognition, by the Board of Education, of a specialist diploma for teachers of the blind. It was made mandatory for teachers to attain the diploma within three years of commencing teaching in a school for the blind (Warnock, 1978, 31).

The Vernon Report of 1972 provided an entirely different focus regarding the education of students with a vision impairment. A recognition of the effect that attitudes had on the success of programs for children with a vision impairment and the need for children with a vision impairment to be surrounded by positive attitudes for them to succeed, surfaced. The Vernon Committee urged integration but this was slow to occur (Hegarty, Pocklington & Lucas, 1982, 201). The report stated that families of children with a vision impairment, under school age (under five years old), should have access to a specialist team designed to meet their needs. The LEA was expected to procure the team. A greater emphasis on the placement of children with a vision

impairment in either a regular classroom or special class attached to the regular school was stressed (paragraph 11, section 23) but many teachers were opposed, citing as their reasons that many skills such as dressing and eating were learnt quicker at boarding school (Pascoe, 1973, 32).

Despite the Vernon Report, Pascoe, (1973, 30 - 36) reported widespread attitudes of negativity toward the integration of children with a vision impairment. When he canvassed professional views on the Report from special teachers, he found the move to integration for children with a vision impairment was not supported but weekly boarding schools were. Special teachers strongly believed the skill acquisition necessary for independence was better achieved in a boarding school rather than a local day school. Martin (1982, 16) also believed that the integrated setting neglected affective education, in that the child's personal and interpersonal growth was negatively affected since the rest of the class witnessed, on a regular basis, the child with a vision impairment being tutored by the special teacher.

At this stage the general community still perceived children with a vision impairment as requiring separate education. This was reinforced by both regular and special teachers. This in turn created anxiety and stress amongst parents. In trying to counter this, the Vernon Committee quoted research findings and anecdotal experiences of teachers and social workers highlighting, not only a need for expert education from an early age for children with a vision impairment, but a greater need for parental counselling to diminish anxiety and apprehension (Chapman, 1978, 17-30).

Bishop (1971, 133 - 45) pre-empted the Vernon Committee by stating 'it is....of vital importance that the classroom teachers be aware of the great influence of themselves and their attitudes on the lives of their visually limited pupils' (ibid).

He went on to claim that the emotional, social and academic environments of the classroom teacher closely related to the success or failure of the child with a vision impairment in the class. As a consequence the 'special teacher must be highly trained, both in general teaching methods and in approaches adapted specifically for the

visually limited' (op cit).

Despite the attitudes of the community, initial moves by the Vernon Committee ensured a rethink of the need for children with vision impairments and the ensuing years showed a break down of the isolation of children with a vision impairment. Hegarty, Pocklington and Lucas (1978, 203 - 04) gave many reasons for this. The educational hierarchy deemed integration an issue, which was causing a shift in society toward mainstreaming, a buoyant economy, the Vernon Committee Report and the appointment of more peripatetic teachers expanding this service all enhanced the ability of schools to provide an adequate education for children with a vision impairment in regular classes.

In some LEAs schools were being specially chosen, based on such things as appropriate building space and a head who was positive and accepting of the challenge to foster 'sound' attitudes among his/her staff thus allowing anxieties and concerns to be talked out openly. Professional development for staff, whether visits to schools for the vision impaired or courses and information sessions for the students and parents of the school community was also considered vital when a child with a vision impairment was being integrated into a school (ibid). As one principal stated 'parents can do a great deal of harm through ignorance....[the fear that handicapped] children will take up valuable teaching time and [our] children will suffer.... If you can answer their fears then they are always ready to support' (ibid, 205).

By 1980, however, the majority of children in the United Kingdom with a moderate or severe loss of vision were still being educated in special schools. The only really positive aspect was a trend for pre-school children to be integrated (ibid, 201). It appeared that once children were in a special school, they were locked in, and thus continued in the special school. The community, although seeing some incidents of integration, still perceived the traditional role of special education as a specialised wing for designated children where the assumption that disabilities meant children needed a different form of education from the majority (Ainscow, 1989, 3). The result was continued exclusion, narrow opportunities and labelling resulting in stereotyping. Whilst America, by 1980, had mandated and enforced integration, the United

Kingdom, was much slower to recognize the need for a 'reconceptualization of what...special education means' (Ainscow, 1989, 2).

When the Warnock Report appeared, in 1978, it was heralded as a landmark for special education in the United Kingdom, warning that in the following years it would be necessary to have positive attitudes and to understand the major ideas and procedures of change. In effect Warnock, and her committee took a broad perspective looking at international trends such as the changing concept of handicap, the rights of the handicapped and concepts of integration and participation (Fish, 1987, 1). The previous thirty years had led to a greater recognition of the rights of the handicapped, resulting in increased participation in life and particularly in education. Research was making obvious the negative effect of categorization and segregation. Advocacy groups were the result, ensuring the appropriate rights were enforced.

Fish (1987, 4) believed the Warnock Report was widely accepted as being well informed and constructive. It emphasized, according to Fish that there could only be one population, not two or two kinds of children, and stressed common needs. The Report emphasized individual assessment and integration, unlike the 1944 Education Act which advocated segregation as the best option. Warnock looked at education in terms of the age range in which it operates, the degree of the disability to which it applies and whether the said education is in mainstream educational legislation. Where the 1944 Education Act believed some children were ineducable, the 1970 Education Act changed the definition of education to encompass a greater range of disabilities. By 1978 Warnock was intent on redefining education to suit the future.

The belief that special education was a series of expedient and ad hoc decisions was proposed by Fish (1978, 128). He saw special education based on tradition where the significant factors were technology and political and social trends. Changes in the labour market, easier communication means through technological aids and greater mobility for people with a vision impairment was leading to a greater acceptance of and recognition of the rights of the vision impaired as being able to participate equally in society. The Warnock Report made many recommendations, ranging from physical facilities, the use of specific schools, teacher qualifications to the content of teacher

training courses and availability of remedial services (Warnock, 1978). All were designed to improve the education of children with disabilities. In doing so it was assumed that better facilities and conditions and monetary support would assist in fostering positive attitudes towards people with disabilities.

Teachers, their qualifications and their classroom preparation were targetted in the Report. Ainscow and Florek (1989, 65 - 6) noted that for children with a vision impairment to be adequately catered for in the regular school additional forward planning by teachers was necessary, simply to ensure enlarged print or braille materials were ready for use. Warnock (1978, 31 - 7) examined teacher training and the use of monetary advantages for additional qualifications. Such aspects as the imposition of a requirement for additional qualifications to be gained if certain positions were to be maintained, continued in-service training once qualifications were gained and specialized training for specific disabilities were all considered necessary by Warnock to ensure a greater level of service was available to children with disabilities.

The 1981 Education Act was the legislative instrument that saw most of Warnock's recommendations enforced. The Act defined special education needs and established the principles of integration. According to Hegarty (1990, 185) pupils with physical or vision impairments have benefited most from integration. Peripatetic services were outlined in the 1981 Act to ensure specialist teachers for those with sensory impairments worked in both special schools and regular schools. Their role included doing assessments of children, advising teachers on strategies to help children, monitoring the progress of children with a sensory impairment, counselling, providing in-service training, advising on the use of appropriate aids and working with pre-school children and parents (ibid, 181 - 4). The move toward a more interactive model of special education needs was made, where the learning success or failure of a child is the result of interaction between individuals' learning characteristics and factors in the learning environment, including the school.

Cropp (1985, 51) emphasized that 'no way is entirely the right or wrong way' for people with a vision impairment. The three systems of fully integrated, unit integrated or special school need to operate to ensure the entire range of children are catered for.

Most schools today are now co-educational, with residential schools also providing for day students and partial integration with local schools as appropriate to the needs of the child. The 1981 Education Act enforced changes and, as Warnock (1978) warned, attitudes had to change to suit changed circumstances in the schools.

By 1986 integration was a generally accepted fact. Parents, teachers and the general community attitude was one of acknowledgement of the value of Warnock's 'one population' rather than two. Buultjen's (1986, 66 - 8) study of parents of disabled and non-disabled children found parents believed that children integrated into the local school were more likely to fit into the local community in post school life. 'It keeps the family as a family and doesn't make the child feel an outsider' (ibid, 68), commented one parent.

A postal questionnaire sent to all LEAs in the United Kingdom seeking information regarding policies and provisions for children with a vision impairment, staffing ratios, pupil numbers, funding and the use of the Royal National Institute for the Blind, revealed a considerable reorganization taking place following the 1981 Education Act (Stockley, 1987, 2 - 74). The survey results indicated further changes were likely, with provision for pre-school children being fairly consistent across the country. A similar pre-school service was offered in 75% of all LEAs (ibid, 32). In effect practice was altering attitudes and, although pockets of resistance persisted, integration was a fact and perceptions of people with a vision impairment altered and became more accepting.

The nature of education for children with a vision impairment did not really change until the late 1970s and early 1980s when special educationalists began urging an evaluation and questioning of the current segregationist practice (Csapo, 1992, 252). The move for equality in all sectors of life meant education was forced to move in the same direction. The United Kingdom was also forced to look at significant changes in other western nations regarding educational services and programs for disabled people. Like other western nations the seventies and eighties were a period of legislative,

program and attitudinal changes, shifting from segregated to integrated settings (Rottenberg, 1992, 59).

Why then did the United Kingdom take so long to move toward integration?

Chapman (1978, 46) concludes:

the individual differences in the effect of visually impaired among children with limited vision are great, and so it is hardly surprising that research on the achievement adjustment of children with poor sight often renders conflicting evidence.

Csapo (1992, 200) agrees, citing too many definitions and categories making evaluation difficult to measure. He adds that ideological conflict also helped radically change special education. Initially children received their education in special schools in a segregated setting with little or no social or academic contact with their non-handicapped peers and so were assigned to a different future which was often powerless and one of economic dependency. The attitudes were clear - the child was the problem, not society's means of dealing with the impairment. Csapo's third factor affecting change in special education was rapid expansion. When special education served the blind, deaf, epileptic and severely mentally retarded it was easy to quantify but by the 1960s the rise in number of categories related to behaviours, social maladjustment, learning disability and so on which was much more subjective (Csapo, 1992, 200 - 218). Essentially special education was in a state of turmoil. Opposing views were apparent and thus, without overwhelming support, the status quo, that is segregated education, remained.

The status of the education of students with a vision impairment has fluctuated, dependent on current perceptions and the community attitudes of the era. Whilst the late 1700s and early 1800s favoured inclusion the 1921 Education Act negated this by legislating for segregation. Economic policy often dictated the status of special education. Post war thrift meant separate education, but a more buoyant economy allowed professionals to experiment with new, inclusion based ideas. In the plethora of education legislature, the 1981 Education Act strongly influenced by the noteworthy

Warnock Report of 1978, was the first mandate for integration in recent times. The United Kingdom's education system, like its American counterpart, now supports the integration of students with a vision impairment, a reflection of current perceptions and attitudes of the general community.

The 1980s then became a 'movement from a dual system of special and regular education to merge into one unified system structured to meet the unique needs of all students' (Stainback & Stainback, 1985, 144).

(v) MODERN EUROPE

In Europe initial attempts to educate people who were blind were made in France. Russia and Germany followed and by the middle of the nineteenth century most European countries had made some provision for the education of people with a vision impairment. What follows is a brief description of specific attempts to include children with a vision impairment in the education system from the eighteenth century to present day.

The first European schools for the blind were motivated by Valentin Haüy (1745 - 1822), who at the age of 26 devoted his life to improving the education of the blind, his principle of education being to follow that of sighted children (Lowenfeld, 1973, 6). France was considered the 'cradle of new attitudes toward the blind' (Roberts, 1986,1) and it was there that Haüy established in 1784 the Institute for Blind Youth. He wanted to provoke attitudes of admiration for competence, not pity for blindness. Although it is uncertain, Haüy may have been inspired by Diderot, a physician to Louis XV, who published in 1749 the 'Letter on the Blind for the Use of Those Who See'. Diderot was convinced blind people could lead normal lives and be intellectually competent.

Haüy was the first to use embossed letters as a means of teaching children with a vision impairment to read. His most famous student, Louis Braille, developed the

tactile reading system used today (Haring & McCormick, 1986, 4). Haüy, and his later counterparts in the early nineteenth century, put a great deal of effort into modifying attitudes toward people with a vision impairment. However people with a vision impairment were regarded by society, not as people without sight, but as a different class of people with definite stereotypic characteristics (Jan, Freeman & Scott, 1977, 7 - 281).

Many of those stereotyped characteristics were contradictory and much of the classic literature from Greek times saw blindness as a punishment of the gods. Even in medieval times the same attitudes persisted in the literature, the only addition, that of humour - comical fools, gullible, evil, greedy (ibid, 281). Following the establishment of Haüy's school, people with a vision impairment, in France, were seen as more competent and less helpless. Another major change was the introduction of the belief that blindness led to purity and sweetness of the soul. This was inspired by the church.

Unfortunately political upheavals of the early 1800s detracted from youth education, but Louis Braille's tactile reading scheme came a critical component in the advancement of educating people who were blind.

without a system of effective communication through reading and writing the education of blind children would undoubtedly have remained as it had been through the Middle Ages.

(Lowenfeld, 1975, 2)

By 1820 Haüy had established schools in Russia and Germany. Soon after most European countries had some separate provision for the education of people with a vision impairment. From this time until the mid twentieth century, children with a vision impairment and most other children with a handicap were routinely excluded from public schools due to perceived inability on their part and alleged adverse effect of the child's presence on others (Kauffman & Hallahan, 1981, 333). Haring and

McCormick (1986, 4) add that the prevailing attitude was that a separate education was more humane.

It was not until pressure from social groups, notably parents, and research indicating the negative effects of segregation that legislature ordered change. Italy, in 1971, became the first country to enact legislation with law number 118/1971:

Compulsory education must take place within regular classes, in public schools except in those cases in which the subject suffers from severe intellectual deficiency or physical handicap so great as to impede or render very difficult the learning processes in the regular school.

(Rottenberg, 1992, 61)

The Italian Government brought the handicapped into the system, forcing the system to 'stretch itself' (Booth, 1982, 9). Prior to the mandate ten circulars had been issued in a nine year period, by the Ministry of Education aimed at creating and maintaining special institutions. The integration movement had started by advocacy concerned about the class system, pushing for a mandate for equality. The 1971 Act completely reversed the trend for segregated schools. Many, in fact were closed. It was not until 1977 that legislation provided the means to implement integration processes adequately (Rottenberg, 1992, 61-2 and Booth, 1982, 14-37).

In Denmark integration was inspired by the American system. During the 1950s stringent streaming took place, but by the 1960s the views of American advocacy groups had filtered through and mixed ability teaching followed. For the Danish integration of children with a handicap was simply an extension of the same system. The decision to integrate was political, where pressure from voters in the form of parents swayed the balance. Three options were provided. Children could be placed in the regular classroom and provided with extra coaching and aid, placed in a special class within a regular school or attend a special school either residentially or on a daily basis (Jamieson et al, 1977, 93 -5). By 1980 children with disabilities were provided for under the auspices of the education authorities rather than social welfare (Fish, 1987, 3).

Like Italy and Denmark, Norway began by excluding people with a vision impairment from the mainstream of education. The 1889 Education Act, in fact, excluded all handicapped children from education (Booth, 1982, 7). It was considered progressive, when in 1951 the Education Act (Special Schools) became official and positively discriminated by providing smaller class sizes and three or four times the finance for special schools. However the schools were separate and most were boarding schools. It was not until 1967 that integration really began (ibid, 8). By 1969 special schools and regular schools were brought together by the Education Act and in 1975 the distinction between people who were handicapped and ordinary pupils was removed (Fish, 1987, 3 and Booth, 1982, 8). Like other European countries Norway had stretched the current system to find a place for children with disabilities in the system. Prevailing attitudes and changing community perceptions forced governments to mandate change.

Sweden and Switzerland also legislated that schools had to make adoptions to meet the unique needs of students, where only children who were severely disabled were to be educated in special schools (Smith & Sherry, 1981, 64). West Germany was another European country that followed the trend of the blind being educated by charitable, religious and voluntary organizations to the state providing financial aid and supervision of the services where segregation was the key. The Netherlands does provide education for people with disabilities from three to twenty years of age as opposed to five to sixteen years for the non-disabled. Most European countries have basically similar provisions.

An education system that caters for one group of children, designed to meet the unique needs of every child, has been a slow evolutionary process in most European countries. Some initial attempts were considered progressive, but faltered due to economic and social pressures. Today, laws, the product of lobbying by parents and other groups, are the mandate to ensure equality and inclusion in mainstream education for children with a vision impairment.

(vi) AUSTRALIA

The history of Australian special education although much shorter, provides some contrasts with Britain and America. Australia has not provided Commonwealth legislature, but a series of, in many cases ad hoc permissive legislation based on state laws. Australia though has followed the American and European patterns of acknowledging lobby groups and what they stand for. Integration became an issue in the late 1970s and all states now follow the principles of integration.

People who were blind were among the first to achieve education and acquire high levels of skills, the manner in which social acceptance is gained. Whilst in the United Kingdom, this was apparent in the eighteenth century it was not until 1869 that the first Institute for the Deaf, Dumb and Blind appeared in New South Wales. This was followed by the Victorian Education Act of 1872, which decreed education to be free, compulsory and secular, centralising education under ministerial control (Pickering et al, 1988, 4). Other states soon followed, South Australia in 1874 and Queensland, Western Australia and Tasmania in the late 1800s¹. The education programs were residential and entry was based on medical diagnosis (Ward et al, 1987, 12). Historically then categorization was not based on educative qualities, but on medical diagnosis, indicative of the esteem in which children with a vision impairment were held. As was apparent in Britain and America, attitudes toward people who were blind began as charitable attempts to educate and evolved to imply diminished responsibility.

During the early 1900s the control of schools for the blind across Australia began to change. In Queensland, for instance control passed from a voluntary, charity based board, to the Department of Health and Home Affairs and then onto the Department of Public Instruction in 1931. (Andrews et al, 1979, 16). This again reflects the attitudes toward children with a vision impairment. Governments began to take responsibility for the education of the blind by legislating for compulsory education for all children, but initially placed responsibility for this in the health arena. It was not until the 1930s that most Australian states acknowledged that the education of any child with any

1. For a comprehensive listing see Andrews, 1979, 13-16.

handicap belonged in the sphere of education not health or welfare.

During the 1930s and 1940s each state followed differing paths regarding the education of children with a vision impairment. In Victoria parents were required to provide an education for their child if s/he was blind, deaf, physically or mentally disabled. Queensland's government provided a segregated education setting for the blind, as did Tasmania and South Australia. New South Wales, however, after passing compulsory education legislation did not embark on a program of segregated facilities (Ashman & Elkins, 1990, 26 and Snow, 1990, 29). Charitable and private organisations did however. The Catholic Church started a school for the deaf and blind in the mid 1930s. The children with a vision impairment were educated primarily in special and separate facilities until the 1950s. Those few who were educated in the regular school setting were destined to be made repeat grades, highlighting their differences rather than diminishing them (Ward et al, 1987, 12).

The post war period wrought many changes for Australia. Attitudes toward the education of children with disabilities also became a focus. As described earlier, the United Kingdom and America were forced to recognise changes in attitudes toward children and adults with disabilities due to injuries sustained in the war. Australia was also forced to acknowledge society's push for equality and inclusion in the regular education setting for children with disabilities. Buell (1966, 42) commented that since World War 2 the percentage of children who were blind attending public schools increased six-fold.

Conrad and Andrews (1981, 21-25) proposed six major reasons for the resultant push for integration. The 1950s saw a greater emphasis on research. Attention was paid by sociologists to the study of residential institutions and the social explanations of deviance indicating the negative effects of institutionalisation on personal development. This combined with the recognised adverse effects of labelling and categorisation began to impact on social attitudes. Pressure groups became interested in the rights of minority groups and used the information to lobby for changes in the education system. The fourth factor put forward by Conrad and Andrews was the increased quantity and quality of research in medicine, psychology and education. The

implications of this and the subsequent development of programs had a profound effect on special education. The increased number of professionals making a contribution to the education of children with disabilities and the greater recognition of the family and the social context resulted in a vital contribution to changing societal attitudes.

These six factors resulted in a wider variety of options being made available to meet the needs of individuals with disabilities. Individualised programming for regular children brought on a further shift in attitude toward children with disabilities. The post World War 2 period saw the commencement then, of many specialist educational services by state governments and voluntary agencies. Such things as the 1944 Public Instruction Act, making education for children who were blind compulsory and the opening in 1952 of the Schonell Centre in Brisbane offering courses in remedial teaching are just two manifestations of a more positive attitude toward children who were blind. By the end of the 1960s state run special classes had increased by one hundred percent (Ward et al, 1987, 13-15).

Reynolds (1976) purports that the development of services up to 1970 was quantitative rather than qualitative, fostering new directions such as normalisation and more positive attitudes toward people with disabilities. 'Thus, within one century in most developed countries, exceptional children have emerged from oblivion into the forefront of educational planning' (Ward et al, 1987, 15). In America, the United Kingdom and Australia the 1970s were a period where integration, normalisation and decategorisation became key issues. Within Australia the amended Education (Handicapped Children) Act of 1973 made the Education Minister responsible for the education of children with handicaps (Collins, 1984, 111).

The Act was passed due to the work of the Senate Standing Committee on Health and Welfare. It stated

education is the right of every child and that
education should be free and compulsory.
Those states which are not providing free education
for particular sections of the handicapped population
are in fact discriminating against the basic rights of a
fairly large section of the community.
(Andrews et al, 1979, 249)

The committee was not only saying it, but openly condemning those not abiding by their statements. Attitudes toward people with disabilities had definitely become more positive. The Karmel Report of 1973 took up the issue, claiming the responsibility for the education of children with handicaps should be given to state education departments rather than ad hoc voluntary groups. The point was made that too many agencies were sharing responsibility within Australia and within each state (Karmel Report, 1973, 109 - 111).

The Karmel Report proposed integration, whereby as many students as possible should be educated in regular groups so that the disabled AND non-disabled could benefit from social interaction. Andrews et al (1979, 257) comment 'no discrepancy, whether it be in legislation, in provision, or due to characteristics of the child, his place of residence or any other factor should deny his right to an appropriate program'.

In practice, many were knowledgeable in the field and put forward similar ideas but the practice did not meet the ideals. General public attitudes lagged behind government legislature. However the 1970s did provide an increase in teacher training opportunities in tertiary institutions. Financial support was also freely available. The Interim Committee of the Schools Commission decided to financially support education programs in non-government special schools and provide Commonwealth funds for support services. The Committee also fostered moves away from residential care.

By the mid 1970s the prevailing favourable economic conditions had begun to change societal values. The attitude of teachers and other professionals being gods to look up to, had to diminish. Parents and the children themselves needed to have input.

In the past few decades, attitudes of the general public toward people with disabilities have changed for the better. This improvement in the climate of public opinion has been neglected in legislative changes and policies for assisting disabled people.
(Conrad & Andrews, 1981, 251)

As was the case in America and the United Kingdom public lobby groups were vocal enough to influence policy.

If public attitudes do not reflect a broad understanding of human needs, government actions and public policies will not change to foster the learning of disabled people in a setting that is responsive to their needs and welcoming to their contributions.

(op cit, 252)

The 1974 Schools Commission Program was introduced to fill a need, as concern was expressed that in its absence special programs would not exist. Each state was expected to continue and improve special education from its own resources (Ashby & Taylor, 1984, 2-12). The Schools Commission Program is just one example of how Australian special education services sprung up in response to need, but rarely in an organised or cohesive manner. Australian special education was ad hoc, frequently state by state, with little unity from a central body. Ashby and Taylor's (1984) entire paper focuses on the lack of a centralised body to organise special education in Australia. This may have been because Australian state governments were reactive rather than proactive. In effect if a specific group protested loudly enough some action would be taken, frequently in isolated circumstances in one state only. For students with a vision impairment this resulted in a multitude of programs, each state providing different services. In America, greater unity was experienced with national bodies to organise services.

Like its British and American counterparts Australia in the 1970s saw a concerted push by lobby groups for the integration of children with disabilities. For children with a vision impairment the debate was less contentious and more rational than other disabilities. The low incidence meant some children had always been in regular schools since compulsory education began. Many parents were also reluctant to send their children away. In 1984 Walters (Ashman & Elkins, 1990, 243) put forward that 30% of school aged Australian children had a vision impairment, but only two in a thousand (.5%) had a severe impairment. Thus special schools appropriate for children with a vision impairment were limited.

Australian legislation and its constitution, however, did not make it easy for the mainstream placement of disabled children. Legislation was framed to permit governments to do certain things rather than binding them to do so (op cit, 59). Andrews et al (1979, 25) agreed stating, 'Education Acts and systems in Australia are not known for the explicit expression of the philosophical bases for provisions and programs.'

In New South Wales, for instance, each child was to have been given the opportunity to benefit from a general education to the maximum extent capable. In Victoria integration into regular schools, where possible, was the ultimate goal. Queensland, on the other hand, had a special education program to provide support to the children, teachers and parents for every child to become a fully operating economic unit (ibid, 26). South Australia also provided special education services determined by educational rather than medical, category. Western Australia's educational practice was based on a philosophy of what was best for all children, rather than specific emphasis on children with disabilities. The Australian Capital Territory purported to provide every child with an education appropriate to individual needs. The Northern Territory stated, 'this territory seeks the integration of children and services into normal school programs but recognises that in special circumstances integration is a long term goal' (ibid, 27).

All states and territories then, managed to put into words their policies and broad descriptions of current provisions ranging from separate special schools through to total inclusion. As far as legislation was concerned there was little similarity between each state except for the definition of a special school (see Appendix 3). Not all legislation was defined under the relevant education act either. Some were still catered for in health and welfare (Snow, 1990, 16). According to Andrews et al (1979, 89) the lack of uniformity between states and the loose wording allowing for the exclusion of some children meant that, in many cases, policy and practice was not the same.

Long (1988, 3-16) examined how Australia would cope with a similar law to Public Law 94-142 from America. He foresaw three major problems with federally imposed legislation. Firstly the administrative requirements would be cumbersome and

onerous. He also believed regular classroom teachers would be overwhelmed by the law and by a lack of adequate professional preparation. Negative attitudes emanating from the imposition of laws relating to education would also be a barrier. On the other hand state laws were emerging which roughly paralleled PL 94-142, schools were being encouraged to be inclusive and a law provided a great stimulus for educational research and evaluation. The greater uniformity provided by a federal law would allow for easier state to state transition by children also.

As legislation became accepted and was put into some form of practice, the non-government provision by church and voluntary groups became limited. By the end of the 1970s state and territory governments had all but taken over. Community attitudes reflected a belief that children with disabilities had a right to an education which should be provided by the government, as it is for regular school children (Andrews et al, 1979, 96-124).

The 1980s provided a new level of tolerance and a society more willing to recognise the worthiness of people with disabilities. Governments were less hostile to the notion that families cannot and should not be expected to bear the burden of caring for the disabled on their own (Conrad & Andrews, 1981, 8). People with disabilities were speaking out. The 1981 Year of the Disabled saw many people with disabilities articulating their desires and needs. It allowed the focus to shift community attention to the positive factors regarding disabilities, making way for more positive attitudes to develop. As one person noted:

Our present attitudes toward disabled people
go back to the morals and ideas of the nineteenth
century. The Victorians regarded the affluent,
the strong and the intelligent as a superior caste.
Were not the poor and handicapped made so by
virtue of their own inherent sloth and wickedness?
(ibid, 10)

Conrad and Andrews (1981, 10-12) questioned whether these views were still present in Australia, asking why state governments were so easily discouraged from maintaining even limited support for people with disabilities.

According to Conrad and Andrews (1981, 18-32) four trends were apparent for the 1980s. Firstly a recognition of a single population where some have special needs rather than two populations was gaining strength. This was being lobbied for by people with disabilities themselves. The people with disabilities were becoming aware of their rights and opposing the barriers. A belief that social and educational policies should be the same for all, with a recognition of individual differences was slowly emerging also. In this respect it is obvious that social legislation profoundly affects the future of people with disabilities. The consequences of disablement in modern society is too vast for charities and voluntary organisations alone. The history of helping a person with a handicap being an act of compassion or charity had to change. The system of care for people with disabilities being paternalistic, authoritarian and punitive, perpetuating attitudes that are negative needed to alter also to ensure a more positive outlook for those people with disabilities.

A third trend was the recognition that categorisation and labelling served an administrative purpose only and was not relevant to the actual work of professionals, constituted a major change in emphasis. Clearer distinctions in terminology for words such as disability, handicap and impairment provided a basis for attitudes to change also. Conrad and Andrews (1981, 11) purported that there was a need in the 1980s to look at the incidence and prevalence of specific disabilities in statistics and to direct resources accordingly. In pursuing positive discrimination attitudinal change should follow.

As a continuing set of issues from the late 1970s five priorities were obvious for the continued development of positive attitudes toward people with disabilities. Legislation still needed uniformity, with greater provision legally for funding not only educationally but for the collection of statistics for planning and implementation purposes. Services also needed greater uniformity and coordination between education, health and welfare. Regular schools integrating children with disabilities required appropriate staffing and greater access to allied services. Although special schools were still needed, a greater flexibility in their role was required. Finally for education to retain the quality, professional qualifications of teaching staff and other service providers had to be updated on a regular basis. With improved qualifications

teachers should feel more confident and be more positive in their attitudes toward the education of children with disabilities. A positive outcome of this should also be the confidence and flexibility to include parents as worthwhile contributors to the education programs of their children.

Bailey (1992, 15-19) examined the 1980s and found similar issues to those of Andrews, Ashman and Elkins (1990) and Conrad and Andrews (1981). Bailey believed that, although Australia lacked a PL94 - 142 or an American Disability and Employment Act or a United Kingdom Education Act, the anti-discriminatory and equal opportunity laws were needed to emphasis parental rights and parental participation. The 1980s, according to Bailey also saw a move from IQ and measurement techniques to less formal testing, observation and other qualitative techniques. Educational programs focused more on a commitment to self-concept and self-esteem, with a greater interest in behaviour management and an emphasis on school to work programs. The change in emphasis meant new curricula where social skills, cognitive training and the use of technological aids was necessary. Bailey concluded that with all these factors gaining impetus, the lack of enabling legislation did not prevent a nationwide commitment to the principle of mainstreaming.

This was emphasised by the rush, in the 1980s to provide written evidence of a commitment to individual needs. The 1984 Beazley Report from Western Australia, the 1981 Cullen Review from the ACT, Collin's 1984 Integration Report from Victoria, Queensland's 1984 Education Department Report and New South Wales' Doherty Report of 1982 all stressed the rights of the disabled to an appropriate education, the need for professional and material resources to provide that education and the need for the resources to be additional to those for non-disabled children. The rights of parents in consultation and management along with concerns regarding social and educational needs were also common themes.

Following the rush of reports affirming positive philosophies and supposedly practice, many studies were conducted to gauge the effect on attitudes toward the mainstreaming of children with disabilities in Australia. Johnson and Johnson (1980, 24) found

negative attitudes toward handicapped peers exist before mainstreaming begins but it is the actual interaction between disabled and non-disabled students that determine whether rejection is strengthened or replaced by acceptance.

Johnson and Johnson illustrated several studies supporting the theory that the mainstream setting is the appropriate place to attempt to improve peer acceptance (op cit, 23-7). These studies were a contrast to earlier American studies such as Goode (1967) who said the sighted demonstrate ambiguous attitudes toward the 'inept and handicapped' (Cole, 1991, 9-15). He said, on many occasions the non-handicapped express supportive attitudes and at other times disparaging attitudes because of the perceived social burden.

The contrast between two eras was also apparent in Harvey's (1992, 33-6) study depicting a group of teachers surveyed in 1984 and again in 1990. The differences in attitudes to the inclusion of children with disabilities into the regular classroom due to new policy expectations was measured. In 1990 more positive responses were apparent. A belief that successful integration was dependent on positive attitudes was almost universal.

When focusing on children with a vision impairment a New South Wales study showed ninety percent successful integration. The study found positive staff attitudes and appropriate resource support as the two major factors most important for successful integration (Foreman & Conway, 1991, 91-96). This also supported evidence from America where a similar pattern was apparent (Strong, Charlson & Gold, 1987 in Foreman & Conway, 1991, 92). Other studies supporting the theory that positive attitudes and appropriate resource support ensured children with a vision impairment were integrated successfully include Center's 1987 study, Center et al (1988) and Carlson and Potter (1972) in Center and Ward (1989, 24-26). However, it is not only teachers who need to maintain positive attitudes but children in the regular classroom also need to be well prepared prior to integration for positive attitudes to develop.

By the mid 1980s the Commonwealth Schools Commission had taken on the role of trying to create uniformity between states and encouraging the development of positive attitudes toward the integration of children with disabilities (Commonwealth Schools Commission, 1985, 36-7). For children with a vision impairment integration was largely successful during primary schooling but became more difficult at high school. The social milieu was so different as were organisational and attitudinal factors, making it more difficult to assimilate into high school (Foreman & Conway, 1991, 91). Today in Australia the range of educational facilities for children with a vision impairment ranges from total segregation to full integration, but most schools that once only catered for children with a vision impairment now serve those children with multiple handicaps. The low incidence of vision impairment and the geographic isolation of some children dictates that the majority are included in regular schools, which has also led to the gradual erosion of segregated options (Ashman & Elkins, 1990, 254-6).

Thus, as Australia moves into the twenty first century the 'proper place of disabled children is side by side with their fellow citizens at study, work and recreation (Primary and Secondary Education, 1982, 28) as articulated in the early 1980s.

The education service providers should (continue) to focus on the changing nature of the educational environment, especially that of the regular school, in order to reduce the educationally handicapping consequences which may otherwise follow from certain impairments and disabilities.

(Collins, 1984, 8)

Although 'societal change is typically slow, for our expectations are profoundly affected by our experiences of past practices and attitudes' (Elkins, 1991, 3) integration has become accepted in all Australian states and territories (Ashman, 1991, 1-3).

Within Australia, as in most countries, children with a vision impairment are a very heterogeneous group who are widely dispersed and fall within the realm of low

1. See Appendix (iv) for a complete list of principles and roles.

incidence and prevalence, making them a difficult population to serve (Huebner, 1982, 3). Australia should be looking to maximise the use of technology in order to provide the optimum educational service that is reliable, cost-effective and has an inbuilt accountability factor. To say technology holds the key for overcoming barriers for people with a vision impairment is almost a cliché, but technology is vital to ensure independence through communication and mobility. With independence greater acceptance within the community is effected. Attitudes toward people with a vision impairment have evolved from hostility to neglect to charitable concern to recognition of equal citizenship. Within Australia, each state has followed its own course to the same end. The common elements have been legislature and lobbying by advocacy groups to ensure attitudes are consistent with the positive inclusion of children with a vision impairment in society.

B) TASMANIA

A short review of the events pertinent to the history of the education of children with a vision impairment in Tasmania is necessary to place the work in ensuing chapters in perspective. As stated earlier, each Australian state pursued their own path in providing appropriate educational services for people who are blind and vision impaired. Tasmania's history follows a similar path to others, starting with a charity based institution and moving through the various stages of government legislature through to today where a resource model exists to support regular schools when educating children with a vision impairment.

'The history of special education in Tasmania reflects the changes in community attitudes to handicapped children' (Review of Special Education, 1983, 1) is a clear indicator of how attitudes have changed from Tasmania's early days. In 1867 the first legislation was passed to encourage voluntary agencies to establish reformatories and industrial schools. By 1887 the first school, the Blind, Deaf and Dumb Institute, opened in Hobart. Its purpose was to serve the entire state, as named in the 1886 Education Act. An amendment to the Act in 1905, included mute children in its classes. Education also became compulsory for all seven to sixteen year olds. The Education Department paid for the tuition fees and board for Institute children. At this

early stage community attitudes reflected a desire to include all children in the education process, and in the realm of education, rather than a medical diagnosis. However their education was separate.

It was not until twenty years later that the Tasmanian Government accepted responsibility for the employment and payment of the teachers at the Institute. By 1940 separate schools for each disability were established, for the blind it was The Sight Saving School, based in Hobart. The site in Hobart changed as did its title, several times. In 1959 it was renamed the School for the Blind and in 1968 was called the Bruce Hamilton School. The changes of name are an indicator of community attitudes. From being an 'institute' promoting images of being confined and kept away from others, the use of the word 'blind' associated with 'school' fostered more positive images of educating children. The move to the title Bruce Hamilton School, of course, removed all connotation to vision, or lack of, completely in an attempt to bring community attitudes to an understanding of the school philosophy - that the primary function of the school was to educate and it was not specifically relevant that the children had a visual impairment.

Prior to the school's separate establishment, the Government enacted the Education Act of 1932. It did not define 'Special Education', but did refer to 'blind children'. Parents were required to provide an education for such children if they could, otherwise the child could be sent to an institution, under court order if necessary, and the parents expected to pay for their education and upkeep (Education Act, Section 13). This Act with some modifications was the major legislation in force until 1994. In 1983 the statement 'The Act, as it stands, is seriously outmoded in philosophy, terminology and intent' (Review of Special Education, 1983, 4) was expressed but little was done to change the Act. Although the Act was legally enforceable it was largely ignored as the basic philosophy of the Education Department was to provide a variety of educational programs. The fact that the Act stayed on the statutes however, does reflect a certain attitude of those in authority. Policy makers, usually the government, supposedly acting on community views, need also to lead with policy to ensure positive attitudes toward all children with disabilities and that they are treated equally with their non-disabled peers.

Although the push for inclusion began in the late 1960s and early 1970s in America and Great Britain, Tasmania did not see a great many reports examining integration emerge until the late 1970s. The 1977 Secondary Education in Tasmania stated, 'the Committee believes in a social and economic order which will support all members of society and enable them to achieve their proper dignity' (1977, 3).

The basic philosophy of the document was not for total integration, but rather the need for a range of options with provision for integration where possible. The report did recognise the trend for total inclusion, occurring in other Australian states but deemed it inappropriate in Tasmania (ibid, 154).

By 1980 the Webster Report (1980, 100-07) recognised changed professional attitudes and the need to change societal attitudes so integration into local schools could occur successfully. In examining past practices and policies it was recognised that children with disabilities were being segregated from everyday life with separate schools, separate accommodation and sheltered employment (ibid, 111). All of these reinforced exclusion and encouraged prejudices. One example given was of a blind woman and her experiences as a child, the isolation and lack of social skills and general preparation for post school life she had to endure (ibid, 45-6). Thus the need for a curriculum to meet the individual needs of each disability group was at issue. For children with a vision impairment social training was a necessity to ensure their equal participation in community life.

The Board of Inquiry recommended that assistance be given to promote public awareness (ibid, 20). The general philosophy expressed was one of integration which would help to educate future generations in the positive aspects of disability. The need to exploit the media for greater positive exposure was also raised (ibid, 115). The removal of terminology which discriminated, changing building designs to accommodate people with disabilities and greater assistance to voluntary agencies were also highlighted as necessary to alter societal perspectives and attitudes regarding people with disabilities.

The White Paper (1981) soon followed, accepting that the Government's role was to provide education for all children between the ages of six and sixteen, with some below and above these compulsory ages, recognising the 'responsibility for the education of special groups...because the facilities which they need are so expensive that only the Government can afford to provide them' (ibid, 2). The document went on to state, '... they (children with disabilities) cannot get what they need from schooling if they are treated like everyone else ... that they cannot do so is not their fault' (ibid, 34).

Looking at the document from the perspective of 1995 attitudes and expectations it would appear the White Paper was poorly worded in many areas. The examples given are just two of many where the implication is that people with disabilities are a burden for the Government to accept. The Government being required to compensate children for their disability is a common thread throughout.

The White Paper does, however, give a commitment on behalf of the Government to integrate most children with disabilities into ordinary schools. The fact that it goes on to say all types of provision for handicapped children (sic) cost more than that which is provided for other children (ibid, 36-8) does detract from the overall tone of the commitment however. If the document is viewed from the perspective of the early 1980s it can be seen as a positive indicator of a change from segregation to inclusion for children with disabilities. In terms of today, the paper did exhibit some flaws but at least the expectation for inclusion was emerging.

A New South Wales report published in 1982, listed state by state progress on the process of integration for children with disabilities. Of Tasmania it commented that the concept of integration was generally supported but the state did not recommend the inclusion of rights legislation within the proposed amendments in special education (Pickering et al, 1988, 90). In this respect Tasmania was behind some states which were proposing rights legislation.

By 1983 a full review of special education in Tasmania had been made. The main themes were to provide integration into regular schools, to ensure provision was made

for pre-school and post-school age children, to improve teacher training for teachers of children with disabilities and to strengthen the rights of people with disabilities and their parents to provide increased consultation in decision making processes (Commonwealth Schools Commission, 1988, 23). The introduction of pre-service and in-service courses for teachers to develop an awareness of disabilities was a reflection of the changing professional attitudes toward children with disabilities. Teachers well recognised that one special education teacher in a large school was inadequate and that many schools lacked the range of necessary support systems, but slowly the hierarchy of the Education Department was becoming aware of the deficiencies.

In 1983 the Government, through the Education Department, did provide a variety of programs, although still under no legal obligation to do so. The Department's policy was based on a general belief that it was preferable to educate most children together (ibid, 9). The use of special schools, special units, specialist teachers in regular schools and itinerant specialist teaching services did result in a funding and resource dilemma for children with a vision impairment, the low incidence and prevalence in Tasmania meant integration was necessary for most students. The Bruce Hamilton School accepted primary school aged children and most children at the school were multiply disabled, not just vision impaired. At the high school level the physical distance separating the few children with a vision impairment meant the only feasible option was to educate them in the local school and provide itinerant services on a regional basis. Of all the disabilities vision impairment was perhaps the least contentious to assimilate into regular schools.

The Government's policy of integration, in fact resulted in more special needs children per head of population educated in regular schools in Tasmania than any other state in Australia (Schonell, 1980, 121). It is important to note that all the reports published associated with special education put the onus on the Government to change the laws, provide the funds and resources necessary to change the community's attitudes and beliefs and yet parent groups and professional organisations also provided much in relation to public awareness campaigns for the public.

Such groups as the Australian Association for Special Education, AASE, and the Association for Positive Integration to Regular Education, ASPIRE, were prominent lobby groups formed to influence government funding. AASE, in particular, was formed to ensure greater visibility politically and professionally for teachers and other practitioners associated with children with disabilities (AASE, 1985, 88-96). The Association advocates political advocacy for change so that parents and professionals meet in equal partnership (ibid, 104).

By the mid 1980s integration was an accepted practice in Tasmania, despite the 1932 Education Act still being the only legally binding legislature. In 1986 a policy statement regarding early special education services was issued detailing the Education Department's responsibilities, giving definitions and the action to be taken to ensure adequate early special education services were provided.

Just prior to the policy regarding early special education services, Amendment Act (No. 3) No. 99 also came into effect, giving, for the first time a definition of 'Special Education' and 'Special Education Facility', the power of the Minister to 'establish, setup and maintain ... special education facilities as he thinks' (Appendix, Tasmania: Education Act 1932, 89) as well as close any facility and the rights of the parents regarding the education of a child with a disability. Under section 47 (1) of the Principal Act, however, it was still the duty of the parent to 'provide efficient and suitable education' (ibid, 94) for a child with a visual impairment. If the parents were unable to do so they had to notify the Minister, who would then decide where the child would be sent, an institution being a listed option. Instead of the parents being forced to pay for the child's education and upkeep the wording was less severe. 'Such parent shall contribute to the cost of the maintenance of such child such periodical sum as may be agreed between such parent and Minister' (ibid, 95).

Although this should be considered a more positive form of legislation it was still exclusionistic in manner, putting the onus on the parents to provide the education. Not until 1994, when a new Education Act superseding the outdated 1932 Act, was legislated and came into effect in June 1995, did definitions and provisions become legally more acceptable and in line with societal attitudes of the 1990s. A sensory

disability, by definition, needs to be 'permanent or likely to be permanent' resulting in

- (i) a substantially reduced capacity of a person for communication, learning or mobility; and
- (ii) The need for continuing support services
(Education Act, 1994, No. 86, 3, page 2).

'Special School' and 'Special Education' were also defined. All matters relating to a child's entitlement to enrolment in a special school are to be determined by the Secretary of Education, rather than the Minister of Education as in the 1932 Act. All references to parental responsibilities have been removed. Terminology reflects an attitude that all children with disabilities are on an equal basis with their non-disabled peers. The legislature removes value laden terms, issues of compulsion regarding where and when a child is educated and the belief that the education of children with disabilities is a burden to be endured. Although long overdue the 1994 Education Act is a more accurate reflection of the positive esteem in which such children are held in society in Tasmania.

In line with legislative changes the Tasmanian Certificate of Education (TCE) provides a flexible approach for children with a vision impairment. An officer of the Schools Board of Tasmania, when questioned, regarding provisions in the TCE for students with a vision impairment claimed it was up to the schools to provide appropriate curriculum throughout the year but for external examinations the Board provided whatever the school requested whether it be brailled work, enlarged print, special lighting, extra time for the student to complete the examination, additional supervision or equipment such as magnifying lenses (Schools Board of Tasmania, 1994, 25).

By the late 1980s and onto 1990 the Education Department recognised the need for a formal policy on integration. A discussion paper by Alison Jacob (1990) expressed concern that whilst normalisation was the aim, students should not be 'sacrificed to the ideal, or become pawns in a game of social engineering' (ibid, 1). The paper examined how to define integration and the population to be served stating that severe vision and hearing impairment comprised only .31% of the school population (ibid, 13). The small population to be served and the distances between similar students meant resources had to be pooled regionally to ensure economical and efficient service.

Community attitudes, Jacob said, were positive if appropriate resource levels were maintained to ensure no disadvantage to the regular school students (op cit, 19-20).

In 1995 there were nine high school students and one college student receiving funding because of a severe vision impairment. These students are resourced regionally in Tasmania with a state co-ordinator based in Hobart, two resource teachers in the South, two in the North and one on the North-West coast. Funding for the teachers and students is reallocated annually based on need, the money being part federally funded and part state funded. At the high school level the resource teachers provide a range of services, inservice programs for whole or part of a school staff with a child with a vision impairment, being the major form of dissemination of information. Usually a school appoints a coordinator within the school, normally the grade leader or special education teacher, who works with the resource teacher to ensure sufficient aide time is provided, that braille or large print is provided and to assist with any problems regarding the child's educational progress. It should be noted that the resource teachers also provide programs for pre-kindergarten children which is either home based or an early intervention arrangement. The survey discussed in ensuing chapters relates solely to post-primary age children.

Given the small number of children to be serviced Tasmania appears to be providing an economic and efficient service for children with a vision impairment. Tasmania has moved along a similar continuum to America and Great Britain though, from charity based education, segregated schooling and the move to include children with a vision impairment in regular schooling. Legislation has been a major anomaly, lagging well behind professional and community views. The history reflects the transitional stages of integration to the 1990s aspiration of developing inclusive practice. In the next chapter, the attitudes of teachers directly involved with children with a vision impairment will be examined, through the development of a survey conducted with a sample of high school teachers teaching a student with a vision impairment.

CHAPTER THREE

THE SURVEY

In Tasmania ten high schools and one college have students with severe vision impairment. The purpose of the survey (See Appendix 5) was to ascertain the attitudes and beliefs held by the teachers and principals of each of the students. The students are spread across three regions in Tasmania, two in the North-West, two in the North and six in the South. Seven children are educated in the Government system, two in the Catholic school system and two in other independent schools. This chapter will provide a brief analysis of how question design can give rise to variation in answers and the consequent need for the researcher to clearly define the topic. The respondents also need to know that the question is relevant to them and be aware of the researcher's perspective.

In order to conduct the survey permission had to be sought from the Department of Education and Arts (Appendix 6), the Catholic Education Office and the Australian Independent Schools Association, Tasmanian branch. The Department of Education and Arts process of approval was the most formal. A copy of the survey along with an accompanying application form (Appendix 7) was sent to Mr. John Kitt, the Superintendent of Teacher Development. The survey was then viewed by a committee before approval was given. In the cases of the Catholic Education Office and the Australian Independent Schools Association, both had officers responsible for special education services who gave approval by phone. All three groups gave approval, provisional on the approval of each principal involved. An explanatory letter detailing this was sent to each school (Appendix 8).

The survey is a compilation of two questionnaires. The first part is taken from a 1986 New South Wales questionnaire used to gauge teachers' views on the integration process after it had been policy for several years. Question seventeen is taken from a 1977 American survey by William S. Keilbaugh, used to determine teachers', 'attitudes toward their mainstreamed visually handicapped students' (Keilbaugh, 1977, 430). The choice of the compilation of the two surveys was made to attempt to gauge teacher attitudes toward children with a vision impairment in Tasmania, and whether their attitudes reflects current attitudes in the literature. The purpose of this study is to provide data on the qualifications of regular classroom teachers and the

correlation, if any, to the attitudes of these teachers toward the child with a vision impairment in their classroom and their general attitudes toward children with a disability.

The survey method was used because of ease of analysis and to address the wide geographical spread of potential respondents involved. The geographical distances and time precluded other forms of examination. The original questionnaire material employed closed type questions.

Although open questions do have the advantages of not suggesting answers, allowing the respondent to say what is really on his/her mind, thus indicating the strength of a person's feelings and opinions on a subject, the disadvantages of open questions as opposed to the advantages of closed questions are determined by the structure of the original. Closed questions are easier to analyse and limit the number of responses to a set. Closed questions also provide answers a respondent may not otherwise have thought to give, provide less variables and, in this instance, allow for more meaningful comparison (Foddy, 1994, 126-9).

A secondary consideration was the fact that the survey respondents did not know me and the surveys were being administered by senior staff in each school. Consequently I was unable to build up trust or a working rapport with the respondents to ensure they would want to answer open questions. As Foddy (1994, 128) comments most respondents will answer closed questions even if they are unsure of the answers, but will not answer open questions if they do not know the answer.

Foddy (1994, 2) highlights three principal causes of error in survey production. The first is a respondent's failure to understand the question as it is intended. Using closed questions alleviates this to a degree. In this instance an assumption has been made that the teachers surveyed are aware of the content and terminology. The underlying basis for this assumption is two-fold. Firstly, an accompanying letter (Appendix 8) was sent with each survey. A point of contact, by telephone, could be made at any time by any respondent to clarify any points of dispute in the survey. Secondly, all the staff involved are professionals who are dealing with students with a vision impairment

daily and thus should be comfortable with the purpose of the survey.

In order to overcome Foddy's second potential cause of error, that of a lack of effort or interest by the respondents, the survey was kept to a short duration with ample time for completion given. Again closed questions are easier and quicker to respond to than open questions. Confidentiality and anonymity was stressed (Appendix 8) to alleviate fears that certain opinions would be attributable to specific respondents.

The majority of the survey is, however, based on imparting one's opinions or more specifically attitudes. Foddy (1994, 124) reminds us that some questions can pose a threat, making respondents feel uneasy. Some questions are perceived to have "socially correct" or "socially desirable" answers. This idea was put forward by Sudman and Bradburn in 1982 stating factors such as the topic, length of the question, difficulty of the vocabulary and grammatical complexity as key elements of threat (Foddy, 1994, 124). The questions in the survey are short in nature and the terminology has been kept as simple as possible. It was made clear to the respondents that the survey was examining their perceptions and attitudes toward children with a vision impairment so the respondents knew they were under scrutiny, but emphasis was given to providing honest answers to ensure the validity of the survey.

The questionnaire contained 17 items. Questions 1-3 were used to gather data on the teacher's educational background, including years teaching, positions held and their training associated with special education. Although factual questions can elicit invalid answers (Foddy, 1994, 3), since the relationship between what respondents say they do and what they actually do is not always strong. I can only assume the respondents will answer honestly due to the anonymity factor.

Foddy (1994, 6) also indicates that answers to earlier questions can affect responses to later questions. In this questionnaire questions 4-6, 8, 10 and 11 focus on the student's acceptance by peers, teachers and the community. If the respondent is answering all those questions fully it is probable questions 4-7 will affect the responses to questions 11-12. Questions 7, 9, 12 and 15 examine the student's participation in the educational programs of the school. Parental attitudes are

canvassed in questions 13-14.

Another factor which can affect a respondent's answer is the clues provided by parts of the question (Foddy, 1994, 53). In closed questions the respondent's answer can be affected by the position in a set of options. An example of this is the use of the filter "don't know" in question 13 and 14. One interpretation of its position is that it is in the middle and thus equates to neutral. Others though, may see it as being at the end, thus altering their interpretation of its meaning.

Question 16 is designed to gauge teachers' views regarding all disabilities. Question 17 contains 13 parts and examines teacher attitudes to common perceptions regarding children with a vision impairment.

The survey limitations are obvious. The low incidence of children with a vision impairment has resulted in a small sample. Due to the distances involved, almost 300 kilometres between the two farthest schools, the survey has been sent by post, and administered at the discretion of the principal. Phone contact was made with each principal to ensure appropriate administration. All schools were given two weeks to respond to the survey. 'Over the years, social researchers have become more and more reliant upon verbal data' (Foddy, 1994, 189). In doing so one should recognise that 'answer behaviour involves complex interrelationships between sociological, psychological and linguistic variables' (ibid, x). In this survey closed questions have been used as the most cost efficient method of gathering the information required to analyse teacher perceptions of students with a vision impairment.

CHAPTER FOUR

THE RESULTS

SURVEY RESULTS

Eleven schools were sent a survey to gauge the attitudes held by the teachers of children with a severe vision impairment in high schools and colleges in Tasmania. Of the eleven schools only one, Ogilvie High School, declined to participate. When questioned, the principal stated that it was his decision not to participate because he considered too many surveys were circulating. Of the ten remaining schools only Hobart College returned a single survey. The student in question had been withdrawn from all classes. Written comments indicated the student's attitude was not conducive to inclusion in regular classes even though s/he was capable of doing the work. Consequently the survey was completed by the Life Skills teacher at the College. A total of sixty responses were gained, an average of six responses from each school.

(i) EDUCATIONAL BACKGROUND OF TEACHERS AND PRINCIPALS

The respondents of the survey provided a range of teaching experience, as shown in Table One.

TABLE 1 : YEARS OF TEACHING EXPERIENCE

37%	< 10 YEARS	22%	15-25 YEARS
28%	11-15 YEARS	13%	> 25 YEARS

However less than a third, 30%, had any special education experience during their career. The majority of those teachers with special education experience had worked as a teacher of a support class in a regular school or as a resource teacher. Very few had had greater than five years experience, as shown in Table Two.

TABLE 2 : POSITION HELD IN SPECIAL EDUCATION

	< 2 years	2-5 years	> 5 years
A. Teacher/Principal in a special school.	2	0	2
B. Teacher of a support class in a regular school.	2	4	2
C. Resource teacher.	6	2	1
D. Itinerant teacher	1	0	0
E. School Counsellor	0	0	1
F. Other.....please specify	1	0	0

Over half, 57%, of all respondents had no special education experience and only 28% had received even a short inservice program of less than four weeks. Only 15% had done either a major study in special education, received tertiary qualifications in special education or been involved in extended inservice programs. 85% of those teaching a child with a severe visual impairment had little or no special training.

(ii) ACCEPTANCE AND PARTICIPATION OF STUDENT

Responses to Questions 4, 5 and 6 indicated the student with a severe vision impairment was either somewhat accepted or fully accepted, by 100% of his/her peers, by 93% of each school's teaching staff and by 83% of the wider school community. Respondents indicated that 10% of the parents and community did not know of the student. Almost all respondents said the student with a severe vision impairment was accepted by, to some or greater extent socially in the playground and at work tasks in class, as shown in Table 3. A higher proportion believed acceptance of the student was greater than participation (Table 4).

TABLE 3 : ACCEPTANCE BY CLASSMATES

	Fully	Large Extent	Some Extent	Not at all
A. At work tasks in class?	22%	43%	33%	2%
B. Socially in the playground?	22%	27%	48%	3%

TABLE 4 : PARTICIPATION WITH CLASSMATES

	Fully	Large Extent	Some Extent	Not at all
A. At work tasks in class?	25%	43%	25%	7%
B. Socially in the playground?	17%	25%	55%	3%

Very few (3%) said the student was not accepted as part of the regular school, although over half, (57%) believed the student had initially been considered unusual. Two-fifths of the respondents believed the student had always been considered as a regular part of the school.

As another measure of the student's acceptance by the teachers, 85% of the respondents believed the student should be enrolled in the regular class, as at present, whilst only 15% thought the student should be in a support class in a regular school. No one believed enrolment in a special school would be beneficial.

(iii) EFFECT ON GENERAL PROGRAM

Over three-quarters, 78%, of the respondents believed having a student with a severe vision impairment in class did not impinge on the program of other students, but no one believed it had a large effect. Almost all, 95%, of the respondents believed the educational opportunities of other students were not adversely affected by having a student with a vision impairment in the regular class. The majority, 85%, believed it enhanced other students understanding of the needs of people with a vision impairment.

Almost all, 95%, were pleased to give the student with a vision impairment the

opportunity of experiencing regular school life. As shown in Table Five, only 10% believed the student with a vision impairment at their school would receive better educational opportunities in a special class.

TABLE 5 : THE STUDENT IN SCHOOL

	Strongly Agree	Agree	Disagree	Strongly Disagree
	%	%	%	%
A. This student being in a regular class adversely affects the educational opportunities of the other students.	0	5	39	56
B. This student being in a regular class enhances other students' understanding of the needs of people with visual impairment.	27	58	15	0
C. I am pleased to be able to give this student the opportunity of experiencing regular school life.	65	30	5	0
D. I feel he/she would receive better educational opportunities in a special class.	0	10	43	47
E. I do not have the skills to program for this student.	7	15	56	22

Despite 85% of teachers having little or no special training, only 22% agreed that they did not have the skills to program for the student. A further 22% strongly disagreed with the statement about not having the skills to program for the student. Almost 80% believed having a student with a vision impairment in their class had no effect on the academic achievement of other students or their application to classroom tasks. Almost half, 45%, believed it improved the students' tolerance of other people, as

shown in Table Six.

TABLE 6 : EFFECT ON OTHER STUDENTS

	Improvement	No Effect	Detrimental	No Response
	%	%	%	%
A. Academic Achievement	0	78	5	17
B. Application to classroom tasks.	0	79	7	14
C. Tolerance of other people	45	36	2	17

(iv) PARENTAL ATTITUDES

Over two-fifths of the teachers surveyed had no knowledge of the parents' attitudes toward initial enrolment of the student with vision impairment, nor any idea of the parents' present attitude to the child being in a regular class. Just over half, however, believed the parents were committed to the initial enrolment and the regular class inclusion, as shown in Table Seven.

TABLE 7A : PARENTAL COMMITMENT TO INITIAL ENROLMENT

Very committed	55%	Reluctant	0%
Committed	2%	Opposed	0%
Do not know	43%		

TABLE 7B : PARENTAL ATTITUDES TO REGULAR CLASS INCLUSION

Very Committed	45%	Reluctant	0%
Committed	14%	Opposed	0%
Do not know	41%		

(v) VIEWS ON INTEGRATION

The teachers were asked, where they consider students with various types and levels of disability should be enrolled. This question was not specifically in relation to their own student. Their responses are summarised in Table Eight.

TABLE 8 : TEACHERS' OPINIONS ABOUT THE PLACEMENT OF
DISABLED STUDENTS

	Regular Classroom %	Support Class in Regular School %	Special School %	No Response %
Mild level of physical disability	93	2	0	5
Moderate level of physical disability	67	23	0	10
Severe level of physical disability	14	48	32	6
Mild level of sensory disability	90	0	0	10
Moderate level of sensory disability	49	73	2	12
Severe level of sensory disability	16	45	27	12
Mild level of intellectual disability	81	10	2	7
Moderate level of intellectual disability	26	52	12	10
Severe level of intellectual disability	0	33	63	4

The majority of the teachers surveyed thought that students with mild levels of disability should be in regular classes. Just under a third believed that children with severe levels of physical or sensory disabilities should be enrolled in special schools. For children with a severe level of intellectual disability this doubled, to almost two-thirds. The results are inconclusive for children with a moderate level of disability. In the area of physical disability almost three times as many teachers believed a student with a moderate level of disability should be included in the regular class or in

a support class. The teachers were only slightly more in favour of a child with a moderate level of sensory disability remaining in the regular class. Twice as many teachers believed students with a moderate level of intellectual disability should be in a support class rather than a regular class.

(vi) KNOWLEDGE OF VISUAL IMPAIRMENT, SUPPORT SERVICES

The thirteen part final question was used to ascertain the teachers' attitudes and feelings on:

knowledge of vision impairment as a disability, parts A and B;

the materials and instructional techniques, parts C and D;

responsibility for the child, parts E and F;

supportive services, part G; and,

general attitudes about vision impairment, parts H, I, J, K, L and M.

To allow some comparison between the ratings in Table 9, the scaled categories (1, 2, 3, 4) were multiplied by the percentage response for each item on the questionnaire and divided by four. This figure, called the mean rate, varies from a low 25 to a high 100. The lower the mean rate, the stronger the agreement the respondents had with the question. The higher the mean rate, the stronger the disagreement (Keilbaugh, 1977, 431).

TABLE 9 : PERCENTAGE OF TOTAL SUBJECTS ITEM BY ITEM (N=60)

Question	No Answer	1	2	3	4	Mean Rate
A		88	12	0	0	28
B		78	12	10	0	33
C		24	49	22	5	52
D		5	49	32	14	64
E		56	39	5	0	37
F		44	29	24	3	47
G		80	14	3	3	32
H	3	7	0	20	70	87
I		7	3	12	78	94

Question	No Answer	1	2	3	4	Mean Rate
J		56	32	7	5	40
K	3	0	5	15	77	91
L	3	65	27	5	0	34
M		20	34	37	9	56

All respondents agreed that a knowledge of the handicapping condition is essential to working productively with the child in class. Likewise the mean rate for part B indicated a strong agreement with the question. Over half the respondents believed specialised materials and individualized instructional techniques were necessary to teach children with a vision impairment. The majority of the teachers, 95% and 73%, believed the classroom teacher should be responsible for the child and be the first person the child should turn to for assistance.

A low mean rate of 32, indicated strong agreement on the value of supportive services when teaching a child with a vision impairment. Only 6% believed supportive services were not valued. The six questions regarding the teachers' general attitudes toward children with a vision impairment provided strong disagreement with most statements. Only parts J and L provided low mean rates indicating the teachers believed one's acceptance of a child with a vision impairment should be, at least equal to that of his/her sighted peers and that children with a vision impairment have as least as many interests as their sighted peers.

Fewer than 10% believed children with a vision impairment were less intelligent than their sighted peers. 90% either mildly or strongly disagreed with the statement that you should not expect too much from a child with a vision impairment. Almost all respondents did not believe children with a vision impairment were depressed or unhappy. The respondents were divided on whether children with a vision impairment should meet different standards to their sighted peers in the regular classroom. 54% either mildly or strongly agreed that children should meet different

standards, whilst 46% disagreed. Basically the teachers disagreed as to what standards of achievement should be for the child with a vision impairment.

The mean rates for parts H, I, J, K, L and M indicate generally positive attitudes toward students with a vision impairment. The high mean rates for H, I and K (87, 94 and 91) show the respondents' general knowledge is accurate, whilst J and L indicate, by the mean rates, an acceptance of children with a vision impairment as having similar interests and lives as their sighted peers. Generally the responses were positive, as will be demonstrated in Chapter Five.

CHAPTER FIVE

THE PAST LEADS TO THE FUTURE

(i) INTRODUCTION

In the perceptual area, vision provides a detailed, precise and continuous source of information about objects and people. In addition, vision is heavily involved... in the processing of at least tactual and auditory information.

(Kauffman & Hallahan, 1981, 195)

It is within this sphere that children with a vision impairment are expected to compete with their sighted peers in the regular classroom. Attitudes have evolved from outright rejection through to some form of acceptance. But, as the literature demonstrates the last thirty years have been crucial in the change from segregation to inclusion for children with a vision impairment (Morris & Blatt, 1986, 360-87). Integration is really about the development of positive attitudes to accept the differences of every individual (Bowd, 1992, 19) rather than Mittler's (1992, 115) belief that the disabled are a minority group that require "fixing" to be acceptable to the larger population.

As such, 'educational techniques, attitudes toward exceptionalities and laws governing how exceptional individuals are treated by social institutions have changed, and will continue to change' (Kauffman & Hallahan, 1981, 3). With regard to children with a vision impairment, Samuel Gridley Howe, an early pioneer of integration into regular schools, believed:

'The education of blind with sighted children in public and private schools is predicated upon the basic philosophy that all children have a right to remain with their families and in their communities during the course of their education; that a blind child has a right to be counted as one of the children of the family and of the community; and that both the family and the community have an obligation to provide for the blind child, as a minimum, the equivalent of what he might have had if sighted'.

written by George Meyer (1929), restating the beliefs of Samuel Gridley Howe
(Hatlen, 1990, 79)

In Tasmania, the Department of Education and the Arts has attempted to do this. As

Knowlton (1987, 104) points out, the low incidence of vision impairment, as opposed to other disabilities, means the services provided are often unique. The 1980s wrought many changes to the purposes of many special schools in Tasmania, the result for children with a vision impairment was inclusion into the regular school system, with support services regionalised and no special school to cater for the single disability of vision. This was put forward as early as 1979 when the review of special education services in Tasmania began and was again publicized in Interaction, a 1988 publication of the Education Department.

Consequently Tasmanian teachers have had many years to accept the policy regarding the inclusion of students with disabilities as a regular part of regular classes. The following quotes give emphasis to the importance of positive attitudes to ensure successful integration.

The real problem of blindness is not the blindness itself, not the lack of sight or the acquisition of skills, techniques or competence. The real problem is the lack of understanding and the misconceptions that exist.

(Jernigan, 1983, 58)

There is one basic and major improvement which can be made which requires no legislation or increase in resources but would probably bring about the greatest possible change in the lives of those families who have a handicapped member - attitudinal change.

written by Barbara Furneaux in 1988

(Wade & Moore, 1992, 23)

(ii) WHAT DO THE RESULTS MEAN?

The high number of surveys returned, with only one school declining to participate (This was the principal's decision, so indeed the staff may have been willing, but were not given the opportunity), indicates a willingness by teachers to find out how their views compare to others, as well as an openness in expressing their attitudes.

As Horne (1985, 18-26) points out, positive interactions between people with disabilities and non-disabled people are highly dependent on the attitudes of

professionals toward the disabled. The willingness of the survey respondents to add written comments to further explain their responses and the openness and honesty of the responses was an initial positive reaction.

The overall responses to the survey indicated positive attitudes to the inclusion of children with a vision impairment into regular classes. The majority of respondents had less than twenty five years experience, but the children are being taught by teachers with a variety of experiences. The fact that the majority had no special education experience provides a direct contrast to the period where only a specialist teacher trained to teach children with a vision impairment in a special school was the norm. As an optimist it could be construed as a sign that children with a vision impairment are being accepted, with the attitude of every child being an individual. Conversely, it could be seen as a result of economy where regular classroom teachers are expected to take on extra responsibilities without the expertise.

One could ask whether teachers with special training are still restricted to special schools. An informal interview conducted with the State Co-ordinator for Services for Children with a Vision Impairment described how part of the work load of a resource teacher was to provide some form of inservice professional development for all regular teachers of children with a vision impairment. Although as proactive as possible, the coordinator explained, the resource teachers must wait for an invitation, which is usually from the principal. The three respondents with a Graduate Diploma in Special Education had all been teachers in a special school for more than five years.

Since the mid 1980s education degree and diploma students in Tasmania have compulsory sections of their courses focusing on special education. This could explain the fact that those respondents with less than ten years experience have done a major special education study in their degree. Overall, however, the survey indicated very poor levels of experience and very limited special training.

Although overall acceptance of the student with a vision impairment was high, some

respondents perceived some of their colleagues as not accepting of the inclusion of a student with a vision impairment. Only ten percent believed the wider community did not know of the student in the school - could this be because the students and staff have such positive attitudes that the student is deemed just another student, not needing to be highlighted? The student's peers were perceived to have the greatest levels of acceptance. As the literature review in Chapter Two demonstrated, the greater the exposure to the disability the greater the acceptance. Only one respondent believed the student was not perceived as part of the regular school. Additional notes on the questionnaire indicate the child's personality and attitude the major cause of nonacceptance. This is supported by the literature where the 'personality of the integrating pupil is crucial for successful integration' (Sheldon, 1991, 109).

Over three quarters of the respondents, by implication believed they had the skills to program for the student and yet eighty five percent had either no special training or less than four weeks inservice. Is it a false confidence in their own ability, given the debate over the lack of success of many instances of integration or is it a reflection of a positive attitude, one of acceptance of the child with a vision impairment as just another individual, with individual planning needs? Perhaps it is the latter, since almost all respondents were happy to provide for the student in their classes and believed enrolment in the regular classroom was the best option. The majority also felt it enhanced other children's understanding of the disability, and did not adversely affect the educational opportunities of others. All these factors are indicators of positive attitudes toward the inclusion of children with a vision impairment in the regular system.

The survey results indicated a large communication gap between the respondents and the parents of the children with a vision impairment. Almost half the respondents indicated they did not know about the parents' commitment or otherwise to the initial enrolment or ongoing regular class placement.

The results of where the respondents believed children with specific disabilities should be placed were very close to those of the original survey done in New South

Wales. Generally mild levels of disability were seen as acceptable in the regular classroom, whilst severe levels of disability were not acceptable in the regular classroom. The majority of respondents believed children with a severe intellectual disability were best placed in a special school. Generally, though, the responses indicated positive attitudes toward the integration of children, regardless of disability. The responses to the last question taken from Keilbaugh's 1977 study also indicated overall positive attitudes toward children with a vision impairment, but there was considerable disagreement about the standards the child should meet in the regular classroom. This was very similar to Keilbaugh's results and is perhaps endemic to the concept of mainstreaming. Like Keilbaugh's results the respondents' also valued support services highly.

The overall analysis is one of positive reactions toward the inclusion of children with a vision impairment. The survey, due to its brevity, for the purposes of this paper has resulted in asking more questions than answering them. An attempt to detail the limitations and applicability of the survey will be dealt with in the following section.

(iii) METHODOLOGY

Larrwee (1982) stated regular classroom teacher attitudes toward integration or mainstreaming were related to a variety of factors including the teacher's general philosophy about mainstreaming and its impact on the affective and emotional development of the disabled and non-disabled, the classroom behaviour of the child with a disability, the perception of teachers and their ability to teach children with disabilities, the impact the disabled have on classroom management and the impact mainstreaming has on the academic and social growth of the child with a disability (Horne, 1985, 96). Some of these issues, namely the child's behaviour, teacher perceptions and the impact of a student with a disability on classroom management, have been at least partially addressed in the survey, but many other issues were raised.

The issue of standards for children with a vision impairment in regular classes needs

addressing. The survey highlighted considerable disagreement between the respondents. One would assume support staff should be able to provide appropriate inservice programs to develop a consensus amongst staff. The issue of inservice programs was also raised in the survey. An overwhelming majority had had little (less than four weeks) or no special training and yet support staff had provided inservice programs. The survey question could need clarification to ensure the respondents understood what was meant by each category. In a larger study the types of support services most valued and the types of inservice programs the teachers want would provide greater depth also.

Perceptions of acceptance from the parents and the children themselves would also add another dimension to the study. To examine their perceptions with those of the teachers would provide a comparison as regards to the accuracy of the teachers as well. Another issue raised by the survey was terms such as mild, moderate and severe and the level of agreement between respondents as to their meaning. Further questioning would be required to ascertain accurately whether the respondents' beliefs on the inclusion of different types and levels of disabilities were a result of exposure to people with disabilities, as the literature suggests, or other factors.

The use of closed questions, as opposed to open questions, was largely successful. The high rate of survey returns (only one school refused to participate) provided an adequate sample for meaningful comparison and analysis. The use of short, concise questions with simple terminology appears to have largely prevented misinterpretation of the questions. These two areas, highlighted by Foddy (1994, 2-126) were carefully considered when choosing an appropriate questionnaire.

The validity of the works used should not be queried, even though some questions posed could be perceived to have socially or politically 'correct' answers (see Foddy, 1994, 122-5). The respondents were asked to provide honest responses and given that the survey respondents were anonymous nothing would be achieved by providing other than an honest response. In this respect the fact that the respondents did not know me is an advantage, since I could not be associated with Departmental hierarchy or authority.

In general though the survey aimed to provide basic information on teachers' perceptions and attitudes toward the integration of students with a vision impairment in the 1990s. The survey succeeded in this aim in that the results indicated a majority of positive attitudes toward the integrated children. A more indepth study would be required to answer other issues raised.

(iv) THE LITERATURE

The survey highlighted a group of teachers who were percieved as not being positive about the integration of children with a vision impairment. If one looks at the original definition of an attitude, containing affective, cognitive and behavioural domains one could ask whether Tasmanian teachers' factual knowledge needed in the formation of positive attitudes is sufficient. Attitudes, according to Allport (1935) are based on experience and positive information (Horne, 1985, 2). Corrado and Colfer (1982, 81) believe new information needs to be given to ensure attitude change. The teachers surveyed had little special training. Thus an ongoing regular inservice program could be a future emphasis.

For those teachers who already possess positive attitudes to inclusion, Johns (1984, 118 - 121) believes how those teachers structure the interactions between the disabled and non-disabled impacts on the development of attitudes in the children. Donaldson (1980, 218 - 19) supports this, claiming positive indirct contact and exposure to children with a vision impairment can also help in the development of positive and accepting attitudes.

A considerable amount has been written regarding the need for a full range of service provisions from a special school to the regular class (see Chapter Two). If the range is not available Gow (1989, 21) believes integration by default occurs, that is children are placed in regular classes because no other facilities are available. However in Tasmania, although no special school exists for children with a vision impairment, the policy of integration and the recent 1994 legislature supports the views of integration as a means for normalisation where participation, positive

interactions and inclusion are crucial. From the survey it appears this is generally supported by teachers and the community, in line with basic human rights to ensure equality.

(v) THE FUTURE

The survey of Tasmanian high school teachers of children with a severe vision impairment, although taken from a small sample, has provided similar results to other studies done. Three issues were raised -

- 1) lack of special training for regular classroom teachers;
- 2) disagreement regarding the acceptable standards for students integrated into the regular class, and;
- 3) the small percentage of teachers not comfortable with the integration of children with a visual impairment.

The issues are certainly not a bar to integration and could be addressed with the efficient provision of resources to provide a cost-effective and worthwhile inservice program to ensure the regular classroom teacher receives the appropriate professional development.

Attitudes are a key factor and 'the motives behind integration, just as those behind segregation, are a product of complex, social, economic and political considerations' (Wade & Moore, 1992, 1). Social, economic and political factors have dominated in Tasmania's evolution from a segregated to an integrated educational setting for children with a vision impairment. The survey indicates that the Tasmanian Education Department still has issues to address, but these are small.

(vi) CONCLUSION

This paper has attempted to provide a thorough review of the literature from early times when slaughter of people not considered perfect was the norm through a potted history of European, British and American educational practices. These were compared with Australian practices, with an emphasis on Tasmania, finally surveying a small sample of Tasmanian teachers to ascertain their views on the inclusion of children with a

vision impairment into the regular school system. Attitudes were taken as the key factor in the acceptance process. To this end a brief examination of the theories behind the development of attitudes, their measurement and the factors to be considered when analysing attitudes was pursued. To add clarity to the paper definitions of commonly confused terms was also supplied.

In order to provide a practical example of how Tasmanian teachers perceived the inclusion of children with a vision impairment into regular classes the survey attempted to gauge attitudes regarding the current practices in Tasmania. The results, when analysed, found a need for more intensive professional development to ensure comparative standards for the integrated students and an increase in the level of knowledge held by teachers so that more positive attitudes develop.

As Tasmanian teachers follow the continuum from segregation to the full inclusion of children with a vision impairment, in the education process, all children will benefit. The increased contact with and communication of knowledge about people with a vision impairment will in the long term clarify greater acceptance, and foster more positive attitudes, not only in the education sphere, but in general society.

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APPENDICES

APPENDIX (i)FACTORS TO CONSIDER IN EXPLORING ATTITUDES IN SPECIAL EDUCATION

FACTOR TO CONSIDER	EXAMPLES
1. Subject (who holds attitude?)	Public, professionals, children, adults, specialists; various handicapped groups, their advocates, relatives. Demographic (age, sex, SES) and personal characteristics.
2. Object (who or what is attitude about?)	Handicapped persons, groups, or labels; degree of visibility, severity, permanence of disability; degree of competence and attractiveness of group/person. Issues about services to handicapped, e.g., mainstreaming.
3. Context (under what conditions is the attitude expressed?)	Comparisons with other handicapped or non-handicapped persons; availability of other information about person/group. Extent of content with handicapped required. Extent to which behaviour or judgement is public or private.
4. Influences (what are the determinants of these attitudes?)	Generalized attitudes toward differentness, understanding of handicap, general cognitive development. Experience with handicapped persons: extent and type. Specific training, attitude-change attempts, strategies.
5. Consequences (what effects do these attitudes have?)	On behaviour with handicapped persons; on feelings when interacting with such persons; on willingness to work with or interact with them; on support for public policies requiring more services; on support for public policies requiring more integration.
6. Attitude measures and research methodology (how should we assess attitudes?)	Sociometric indices of acceptance or rejection; social distance measures; attitude scales and public opinion surveys. Observed interaction. Analysis of public laws, policies, institutional characteristics. Content analysis of mass media.

FACTOR TO CONSIDER	EXAMPLES
7. Theoretical formulations (what concepts, hypotheses, models, can we use to guide our research or practice?)	Social comparison processes (Festinger, 1954). Ethnocentrism (Adorno, Frenkel-Brunswik, Levinson & Sanford, 1950). Cognitive dissonance (Festinger, 1957). Communication analysis (Hovland, Janis & Kelley, 1953). Modeling (Bandura & Walters, 1963). Reference group theory (Kelley, 1952). Attribution theory (Heider, 1958); Jones, Kanhouse, Kelley, Nisbett, Valins & Weiner, 1971). Social deviance labeling (Davis, 1970; Mercer, 1973; Scheff, 1966). Just world formulations. Social roles (Thomas, 1966). Altruism (Macaulay & Berkowitz, 1970). Mussen & Eisenberg, (1977).
8. Ethical considerations (what precautions must we take as we conduct attitude assessment and change studies?)	Informed consent. Privacy. Psychological harm to subject and object of attitude inquiry. Equity, justice, respect.

APPENDIX (ii)A) **EDUCATION OF THE VISUALLY HANDICAPPED: A Selective Timeline**

	GENERAL	LEGISLATION	PROFESSIONALISM
1749 to 1850	1949 Diderot writes "Letter on the Blind for the Use of Those Who See". 1765 British Parliament passes Stamp Act taxing American colonies. 1773 "Boston Tea Party" 1775-1783 American Revolution 1787 Constitution of the United States signed. 1789 First U.S. Congress meets in New York. 1791 U.S. Bill of Rights ratified. 1829 First U.S. patent for a typewriter. 1842 Dickens describes visit to Perkins in "American Notes".	1973 France mandates compulsory public education from age six. 1827 First federal legislation concerning blind persons, PL19-8, provides for land in Florida and Kentucky for facilities for handicapped.	1825-1850 Teachers, often blind residential school graduates, prepared through apprenticeship programs.
1851 to 1899	1860-ca. Campbell experiments with long cane for "foot travel" at Perkins 1861-1865 American War Between the States (Civil War). 1876 Bell invents telephone. 1877 Edison invents phonograph. 1882 Federal immigration legislation excludes certain groups including handicapped. 1898 Bell states, "Handicapped children have a right to an education in the public schools.	1857 PL 34-46, Establishment of the Columbia Institution for the Deaf and the Dumb and the Blind enacted. 1872 Scottish Education Act calls for educating blind children with sighted. 1879 Act to Promote the Education of the Blind authorizes and funds American Printing House for the Blind (APH). 1893 Blind and Deaf Children Act in England, provides elementary compulsory education for ages 5-16. 1899 Connecticut enacts first law requiring vision testing of school children.	1871 American Association of Instruction of the Blind (AAIB) founded. 1873 First Congress of Teachers of Blind held in Vienna. 1895 Royal Normal College (UK) start college to train blind persons as teachers. 1895 American Blind People's Higher Education and General Improvement Association founded.
1900 to 1934	1906 First US radio program broadcast. 1908 Crusade to eliminate ophthalmia neonatorum by putting silver nitrate drops in newborns' eyes begins. 1908 First class for high myopes begins in London. 1914-1918 World War I 1918-1925 Dog guides trained for blinded World War I veterans in France and Germany. 1928 Dog guides introduced in US. 1929 Great Depression begins. 1930 White House Conference on Child Health and Protection advocates services for "blind" feeble-minded. 1930 National Society for the Prevention of Blindness (NSPB) and American Foundation for the Blind (AFB) cooperate on standard eye examination report. 1934 American Medical Association (AMA) defines legal blindness.	1919 PL 66-24 expands aid to APH. 1927 PL 69-655 amends interstate Commerce Act to allow blind person and sighted guide to travel for one fare. 1930 PL 71-787 (Pratt-Smoot Act) provides books for blind adults. 1934 PL 72-439 (Pratt-Smoot Act) amended to include mailing of talking books.	1905 American Blind People's Higher Education and General Improvement Association becomes American Association of Workers for the Blind (AAWB). 1907 First issue of Outlook For The Blind, which became Journal of Visual Impairment & Blindness in 1976. 1915 National Society for the Prevention of Blindness (NSPB) founded. 1918 University of California offers free university teacher preparation course. 1921 Allen establishes first formal teacher training program at Perkins. 1921 American Foundation for the Blind (AFB) founded. 1921 Teachers College of Columbia University offers first summer program to teachers of partially sighted. 1922 Council for Exceptional Children (CEC) founded. 1925 Peabody College for Teachers establishes first summer preparation program for teachers of the blind. 1925 Perkins-Harvard course for teachers gives college credits. 1928 First issue of Teacher's Forum published. 1931 First World Conference on Work of the Blind held in New York. 1932 AAIB establishes committee to develop teacher certification program. 1934 AAIB establishes certification guidelines.

Education of the Visually Handicapped: A Selective Timeline

GENERAL

LEGISLATION

PROFESSIONALISM

1935
to
1950

1935 Social Security Act adopts AMA definition of blindness
1939-1945 World War II
1940 National Federation of the Blind (NFB) founded
1941 Growing incidence of retrolental fibroplasia (RLF) noted in infants
1942 First computer.
1942 Magnetic tape recording
1942 RLF identified
1944 Hoover and others develop long-cane mobility techniques at Valley Forge Army Hospital
1947 Transistor

1937 PL 75-37 provides special postage rates for the blind
1943 PL 78-113 (The Barden-LaFollette Vocational Rehabilitation Act Amendments of 1943) increases services for the blind
1949 PL 81-290 permits brailwriters to be mailed at base rate.

1935 Columbia University starts year-round program for teachers of the blind at Teachers College
1938 AAIB sets up teacher certification program
1943 Hathaway publishes first text for teachers of partially seeing.
1948 Council for Education of the Partially Seeing established.

1951
to
1985

1953 Study links RLF to high oxygen treatment of premature infants
1957 U.S.S.R. launches first satellites, Sputnik I and II
1961 American Council of the Blind (ACB) founded
1961-1977 U.S. involvement in Vietnam
1962 First U.S. manned spaceflight
1963 First "Freedom March" on Washington.
1963 John F. Kennedy assassinated
1963 *The Feminine Mystique* published
1963 Rubella (German measles) epidemic in pregnant women causes deafness and blindness in babies
1964 President Johnson launches "The Great Society" human services legislative initiative
1968 Martin Luther King, Jr. assassinated
1968 Robert F. Kennedy assassinated
1968 Helen Keller dies
1968 National Eye Institute established
1969 Armstrong first man to walk on moon
1975 First microcomputer.
1979 American Council for Blind Parents formed by ACB.
1980 National Association of Parents of the Visually Impaired (NAPVI) established.
1984 NFB creates Division of Parents of Blind Children.

1952 Pratt-Smoot Act extended to children's books.
1958 PL 85-926 provides funding for personnel preparation in mental retardation
1961 PL 87-294 authorizes wider distribution of books, instructional materials for blind
1963 PL 88-164 extends funding for personnel preparation to all handicapped categories
1963 Rehabilitation Act amendments include recreation
1964 PL 88-164 Title XI allows universities to create departments for teachers of exceptional children.
1965 PL 89-313 amends Elementary and Secondary Education Act to provide support for education of handicapped in state schools, hospitals.
1966 PL 89-750 requires states to detail needs, priorities and creates bureau to administer federal agencies involved in handicapped education.
1966 PL 89-522 expands talking book services to physically handicapped.
1967 PL 90-170 establishes Bureau of Education for Handicapped, authorizes funds for physical education, recreation.
1968 PL 90-480 mandates elimination of architectural barriers.
1972 PL 92-316 provides free or reduced-rate transportation for attendants for the blind.
1973 PL 93-112 (Rehabilitation Act of 1973) changes law from provision for vocational rehabilitation only to comprehensive rehabilitation, and introduces special projects in recreation. Section 504 prohibits discrimination in programs receiving federal funds.
1974 PL 93-380 (Educational Amendments of 1974) grants handicapped additional rights in public education, physical education, recreation.
1975 PL 94-142 (The Education for All Handicapped Children Act) guarantees free and appropriate public education with special education, related services and individualized education program for each handicapped child.
1976 Vocational education legislation expanded to include handicapped.
1978 PL 95-602 (Rehabilitation Act of 1978) authorizes funds to integrate handicapped into recreation programs and provide rehabilitation for severely handicapped for whom employment may not be primary goal.

1951 World Council for the Welfare of the Blind incorporated.
1951 First issue of the *International Journal for the Education of the Blind* published (now *Education of the Visually Handicapped*).
1953 Carroll mounts Gloucester Conference to define mobility instructor's role, training.
1953 U.S. Office of Education issues competency studies for teachers of blind, partially seeing.
1955 Perkins starts first training program for teachers of deaf-blind.
1957 Peabody College for Teachers sets up year-round program for teachers of the blind.
1960 Boston College starts first university program for O&M instructors.
1961 Carroll publishes blindness study.
1966 CEC Project on Professional Standards uses "visually handicapped" to include both blind and partially sighted.
1966 COMSTAC report published.
1967 San Francisco State University, Florida State University, establish first programs to train mobility instructors of children.
1967 National Accreditation Council for Agencies Serving the Blind and Visually Handicapped (NAC) founded.
1968 AAIB becomes Association for Education of the Visually Handicapped (AEVH).
1969 Scott publishes *The Making of Blind Men*.
1973 Lowenfeld publishes *The Visually Handicapped Child in School*.
1977 Spungin publishes competency study.
1978 NSPB changes name to National Society to Prevent Blindness.
1980 Helen Keller Centennial Congress held.
1984 AAWB and AEVH merge to become Association for Education and Rehabilitation of Blind and Visually Impaired (AER).
1985 World Council for the Welfare of the Blind and International Federation of the Blind merge as World Blind Union.

EDUCATIONAL PROGRAMS

1784 Valentin Haüy establishes *Institution des Jeunes Aveugles* (Institution for Blind Youth), the first school for blind children, in Paris
 1791 First school for the blind in England opens in Liverpool
 1829 New England Asylum for the Blind (Perkins) incorporated
 1831 New York Institution for the Blind incorporated
 1832 First students accepted at New England Asylum for the Blind and New York Institution for the Blind
 1833 Pennsylvania Institution for the Instruction of the Blind opens
 1837 Ohio establishes first state residential school
 1837 Laura Bridgman, first deaf blind child to be educated, admitted to Perkins.

1866 Howe first Perkins director expresses concern about segregated education in residential schools
 1872 *On the Blind Walking Alone and of Guides* published
 1880 Helen Keller born in Tuscumbia, Alabama
 1880 Anne Sullivan enters Perkins
 1882 Pennsylvania Institution starts organized kindergarten
 1887 Perkins founds kindergarten for blind babies
 1887 Anne Sullivan begins teaching Helen Keller
 1893 First nursery for neglected blind babies started in Hartford, Connecticut
 1898 First day-school for the blind established in England

1900 Day school classes established in Chicago.
 1904 Helen Keller first deaf blind person to get college degree.
 1909 Irwin organizes braille reading classes in Cleveland public schools
 1909 Ohio appoints first state supervisor of education for visually impaired children
 1910 Arthur Sunshine Home and Kindergarten for Blind Babies opens.
 1911 New York State makes education compulsory for the blind.
 1913 Boston and Cleveland start classes for partially seeing pupils
 1914 Guyton becomes first blind man in U.S. to hold full professorship in college for sighted students
 1916 Hayes establishes departments of psychological research at Overbrook and Perkins
 1929 The Seeing Eye, first dog guide school in U.S., incorporated
 1930 Hayes Binet test for blind children developed
 1930 Cutsforth's *The Blind in School and Society* published

COMMUNICATIONS

1784-1800 Haüy uses raised Roman letters to teach blind students
 1808 Barbier invents *Ecriture Nocturne* (night writing) for use by French soldiers at night
 1829 Louis Braille publishes explanation of his embossed dot code, inspired by Barbier.
 1833 Howe publishes first book in "Boston Line" type.
 1834 Braille perfects literary braille code.
 1836 Taylor devises tangible mathematics apparatus.
 1837 Perkins establishes printing plant, later named Howe Memorial Press
 1839 Electrotyping process, for making duplicate plates for relief printing, invented.
 1847 Moon Type.

1852 "Boston Line" type accepted form of raised type.
 1855 Kentucky sets up printing house for the blind.
 1858 Kentucky printing house incorporated as American Printing House for the Blind (APH)
 1860 Missouri School for the Blind first institution to use braille in U.S.
 1868 New York Point raised type developed at New York Institution for the Blind by Wait.
 1871 Stereotype plates for braille production.
 1871 First pamphlet on braille music notation published.
 1871 AAIB endorses New York Point.
 1878 Smith at Perkins develops American-raised point system modeled closely on braille, foundation for American braille.
 1887 Anne Sullivan gives understanding of language to Helen Keller, aged 7, deaf-blind.
 1888 International Congress for standardization of braille music notation held at Cologne.
 1889 de la Sizeranne founds first major library of braille books at Valentin Haüy Institute, Paris.
 1892 Hall and Sicher develop Braillewriter, first mechanical device for writing braille.
 1899 Braille shorthand system.

1902 Library and reading room for the blind opens in San Francisco.
 1907 Helen Keller, who had to learn four embossed codes pleads for single code.
 1910 Alcorn develops "Tadoma Method" of teaching deaf blind children
 1912 Optophone translates printed letters to musical tone
 1913 Irwin uses 36 point type in books for partially seeing pupils
 1916 Braille officially adopted in U.S. schools.
 1917 The "War of the Dots" ends. Braille code accepted as the universal American standard for the written word.
 1918 APH adopts Revised Standard English Braille grade 1½ for textbooks.
 1918 Percy invents system of communication with deaf-blind by Morse Code and small hammers which tap fingers on person addressed.
 1920 Barr, Stroud and Fournier d'Albe patent first reading machine for the blind, the Optophone.
 1923 APH expands tangible apparatus facilities.
 1930 Ophthalmologists suggest vision not harmed by use.
 1930 National Institute for the Blind introduces high speed rotary press for embossed type.
 1931 Library of Congress begins to distribute braille materials and phonograph records to blind readers, in accordance with Pratt-Smoot Act of 1930.
 1932 AFB starts development of talking book, a long playing record, and playback machines.
 1932 Standard English braille adopted by American and British committees as uniform type.
 1933 APH adopts Standard English Braille Grade 2 for Junior and senior high school textbooks.

EDUCATIONAL PROGRAMS

1942 Maxfield Field adaptation of the Vineland Social Maturity Scale developed
 1942 Interim Hayes Binet Tests for the Blind developed

1950 Thirty nine states and Hawaii now have legislation on education of the physically handicapped
 1954 Supreme Court outlaws segregated education in Brown vs Topeka decision
 1954 *Pinebrook Report* identifies educational options.
 1957 Maxfield Buckholz Social Maturity Scale for Blind Preschool Children published
 1963 Barraga publishes visual efficiency study
 1965 Kay binaural sensory aid prototype.
 1966 Laser cane
 1968 Federally funded deaf blind programs established.
 1969 Media centers established
 1972 Head Start programs mandated to take handicapped children

COMMUNICATIONS

1935 Roosevelt signs executive order allotting funds to Library of Congress for development of talking book machine
 1936 APH produces recorded materials.
 1939-1945 Lowenfeld explores educational role of recorder books and demonstrates value of talking book in the teaching process
 1947 APH produces large type books.

1951 Perkins brailier
 1952 Tellatouch, communication device for the deaf-blind.
 1953 Nemeth Braille Mathematics Code.
 1953 Megascop, to project magnified printed material, invented
 1955 Computerized braille.
 1956 Materials from APH made available to day school pupils.
 1957 Visotonor, reading device which produces sounds for letters, Visotactor, reading machine which produces vibration to the fingers.
 1971 "Braille Vision Books," one page braille, one page print, published.
 1971 Optacon
 1974 Compact braille electronic calculator developed.
 1974 First closed-circuit TV magnification device.
 1975 First usable synthetic speech device.
 1975 Talking calculator with audio and visual output.
 1976 Kurzweil Reader, a prototype translator of printed material into synthesized speech, invented.
 1976-1979 Optacon Dissemination Project.
 1978 Versabraille.
 1981 View Scan.
 1983 First braille embosser attachment to microcomputer.

B) RESIDENTIAL SCHOOLS IN USA

<i>Name of School</i>	<i>Date of Founding</i>
Perkins School for the Blind	1832
New York Institute for the Education of the Blind	1832
Overbrook School for the Blind (Pennsylvania)	1833
Ohio State School for the Blind	1837
Virginia School for the Deaf and the Blind	1839
Kentucky School for the Blind	1842
Tennessee School for the Blind	1844
Governor Morehead School (North Carolina)	1845
Indiana School for the Blind	1847
Mississippi School for the Blind	1848
Wisconsin School for the Visually Handicapped	1848
South Carolina School for the Deaf and the Blind	1849
Illinois Braille and Sight-Saving School	1849
Missouri School for the Blind	1850
Louisiana State School for the Blind	1852
Georgia Academy for the Blind	1852
Maryland School for the Blind	1853
Iowa Braille and Sight Saving School	1853
Texas School for the Blind	1856
Alabama Institute for the Deaf and the Blind	1858
Arkansas School for the Blind	1859
Michigan School for the Blind	1865
Minnesota Braille and Sight Saving School	1866
Kansas School for the Visually Handicapped	1867
California School for the Blind	1867
New York State School for the Blind	1868
West Virginia School for the Deaf and the Blind	1870
Oregon State School for the Blind	1873
Colorado School for the Deaf and the Blind	1874
Nebraska School for the Visually Handicapped	1875
Florida School for the Deaf and the Blind	1885
Washington State School for the Blind	1886
Western Pennsylvania School for Blind Children	1890
Montana School for the Deaf and the Blind	1893
Connecticut Institute for the Blind	1893
Utah School for the Blind	1896
South Dakota School for the Blind	1900
New Mexico School for the Visually Handicapped	1903
Lavelle School for the Blind (New York)	1904
Virginia School at Hampton	1906
Idaho State School for the Deaf and the Blind	1906
Oklahoma School for the Blind	1907
North Dakota School for the Blind	1908
Arizona State School for the Deaf and the Blind	1912
Hawaii School for the Deaf and the Blind	1914
Foyer-Greaves School for the Blind (Pennsylvania)	1921
Instituto Loiza Cordero Para Ninos Ciegos (Puerto Rico)	1921
Louisiana State School for Blind at Southern University	1922
Hope School for Blind Multiple Handicapped Children	1957

Source: C.W. Bledsoe, The family of residential schools,
Blindness, (1971), pp 25-26.

Comparison of states' legislation

Areas	Queensland	New South Wales	Victoria	South Australia	Western Australia	Tasmania
<i>Compulsory School age (handicapped children)</i>	From 6 to 15 years	From 6 to 15 years	From 4½ to 15 years with special education provision for those not of school age	From 6 to 15 years	From 6 to age of child at end of year in which he turns 15	From 5 to 16 years
<i>Legislation pertinent to placement of handicapped child</i>	1. Provision of special education for children who require such education on account of disability of mind or body in special schools, classes or any other approved means. 2. Parent of blind or deaf child to obtain for them suitable education.	1. The parent... shall cause him to attend regularly at a special school... where the place of residence of such child is within the district of such a school.	1. Having been notified of child's handicap by parent and principal (if applicable) the Minister, on advice of an Authority, shall determine suitable placement for the child. 2. Such placement may be effected irrespective of child's age.	1. The Director-General may direct placement of a child to a special school if in his opinion the child's best interests are so served.	1. Assessment provisions: i) initial conference; ii) assessment of child; iii) assessment conference; iv) recommendation to Director-General; v) recommendation to Minister. 2. Minister may direct parents to send child to special school.	1. The parent of a child between 5 & 16 who is blind, mute or otherwise defective is duty bound to provide such a child with a suitable education if he is able to do so.
<i>Advisory Groups</i>	Minister may appoint: 1. those he thinks fit, 2. any person to inspect facilities provided for blind/deaf child re suitability	No indications given of what bodies may advise Minister	Special Education Authority - flexible memberships to meet demands of a variety of handicaps.	Minister may appoint such committees as he sees fit.	Advisory panel of two or more persons. At least one a teacher. At least one a guidance officer or member of Australian Psychological Society.	Children incapable of benefit from instruction to be examined by: 1. Director of State Psychological Clinic, or 2. School Medical Officer, or 3. Other approved officer.
<i>Parental Rights</i>	No specific provision.	No specific provision. Some indirect provision under heading of "a good defense".	No specific provision.	No specific provision.	Parent has recourse to children's court if necessary.	Parent has access to Minister re withdrawal of a direction.

(Andrews et al, 1979, 46)

APPENDIX (IV)

A. Principles for Commonwealth Schools Commission Involvement in Special Education

- 1) Access to appropriate education for all;
- 2) The central focus of education should be the developmental needs of the child regardless of disability;
- 3) Education for the disabled should be seen as part of the community's general educational provisions;
- 4) Maximisation of individual development using all available technology, diagnosis, teacher techniques, therapy and so on;
- 5) The interests of the individual should be central with the rights of parents acknowledged, and;
- 6) Pre-school children diagnosis and post school aged

B. The Roles of the Commonwealth Schools Education Commission

- 1) To foster development of policy statements in collaboration with states and territories, parents and teacher groups;
- 2) Encourage informed public debate and provide public advocacy;
- 3) To sponsor research;
- 4) To establish a national data base for informed policy decision;
- 5) For the dissemination of good practice;
- 6) To support in-service development;
- 7) To identify ? needs and meet those needs;
- 8) The breakdown of the barrier between regular and special education;
- 9) To encourage parental participate, and;
- 10) To provide funds to meet the principles needs and roles of the Commission as required by the state and territory.

(Commonwealth Schools Commission, 1985, 36-37)

- Section A: Educational Background.

Section B: The Student

4. To what extent is the student accepted by peers? ⁱ

fully accepted

not accepted

somewhat accepted

5. To what extent is the student accepted by teachers (other than yourself) as rightfully belonging in the regular school?

fully accepted

not accepted

somewhat accepted

6. To what extent is the student accepted by the parents and the wider school community?

fully accepted

not accepted

somewhat accepted

parents and community
do not know of student

7. To what extent is this student causing the program of other students in the class to be restricted.

to a large extent

not at all

somewhat

8. Where, in your opinion, should the student be enrolled?

In a regular class, as at present

☐

In a support class in a regular school

☐

In a special school

☐

9. To what extent does this student participate with classmates:

A. At work tasks in class?

B. Socially in the playground?

Fully	Large Extent	Some Extent	Not at all
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

10. To what extent is this student accepted by classmates?

A. At work tasks in class?

B. Socially in the playground?

Fully	Large Extent	Some Extent	Not at all
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

11. Which of the following best describes other students' perception of this student?
(tick one only)

- Always considered him/her as a regular part of the school

☐

- Considered him/her initially to be unusual but now accepted as a regular part of the school.

☐

- Not accepted as a regular part of the school because he/she is too different.

☐

- Other (please describe)

12. What are your feelings about the following statements as they apply to the student in your school?

	Strongly Agree	Agree	Disagree	Strongly Disagree
A. This student being in a regular class adversely affects the educational opportunities of the other students.				
B. This student being in a regular class enhances other students' understanding of the needs of people with visual impairment.				
C. I am pleased to be able to give this student the opportunity of experiencing regular school life.				
D. I feel he/she would receive better educational opportunities in a special class.				
E. I do not have the skills to program for this student.				

13. To what extent were the parents committed to the enrollment in a regular school?

Very committed ☐

Reluctant ☐

Committed ☐

Opposed ☐

Do not know ☐

14. What is the parent(s) attitude now to regular class inclusion?

Very Committed ☐

Reluctant ☐

Committed ☐

Opposed ☐

Do not know ☐

15. What has been the effect of the placement of the student in your class in regard to the other students'?

Improvement	No Effect	Detrimental

16. In your opinion, where should students with the following disabilities generally be enrolled?

	Regular Classroom	Support Class in Regular School	Special School
Mild Level of physical disability			
Moderate level of physical disability			
Severe level of physical disability			
Mild level of sensory disability			
Moderate level of sensory disability			
Severe level of sensory disability			
Mild level of intellectual disability			
Moderate level of intellectual disability			
Severe level of intellectual disability			

17. Please circle the number most closely aligned to your attitude.

(Note 1 = strongly agree; 2 = mildly agree; 3 = mildly disagree;
4 = strongly disagree)

Attitudes

- | | | | | |
|--|---|---|---|---|
| A. Knowledge of the handicapping condition is essential to working productively with the child in class. | 1 | 2 | 3 | 4 |
| B. The visually handicapped child has the same physical and emotional needs for growth as other children. | 1 | 2 | 3 | 4 |
| C. To teach the visually handicapped child special materials are always required. | 1 | 2 | 3 | 4 |
| D. To teach the visually handicapped child requires constant individualization of instructional techniques. | 1 | 2 | 3 | 4 |
| E. The regular classroom teacher is as responsible for the visually handicapped child as the supportive staff. | 1 | 2 | 3 | 4 |
| F. The visually handicapped child should first turn to the regular classroom teacher for guidance and assistance and then to supportive staff. | 1 | 2 | 3 | 4 |
| G. Teachers serving the visually handicapped child in the regular classroom value specialized supportive services. | 1 | 2 | 3 | 4 |
| H. On the whole, visually handicapped children seem to be less intelligent than normally sighted children. | 1 | 2 | 3 | 4 |
| I. You should not expect too much from a visually handicapped child. | 1 | 2 | 3 | 4 |
| J. Acceptance of a visual handicap is the same as acceptance of anything else in life. | 1 | 2 | 3 | 4 |
| K. Visually handicapped children seem to be unhappy or depressed most of the time. | 1 | 2 | 3 | 4 |
| L. The visually handicapped have as many interests as normally sighted children. | 1 | 2 | 3 | 4 |
| M. The specialized problems of visually handicapped children necessitates their meeting different standards in the regular classroom. | 1 | 2 | 3 | 4 |

Thank you for completing this questionnaire.
Please return to the nominated person for collection
and return to me by Friday, Fri. July 14, 1995.

Mrs Margaret Hughes
34 Hingston Crescent
NORWOOD 7250

by Friday July 14th. 1995

Please state school name.

APPENDIX (VI)

20 April 1995

JGK:KC033

Reference

Contact. John Kitt - (002) 337949

Education & the Arts

Mrs Margaret Hughes
34 Hingston Crescent
NORWOOD Tas 7250

Dear Mrs Hughes,

RE: CHANGING PERCEPTIONS IN THE EDUCATION OF CHILDREN WITH VISUAL
HANDICAPS

I have been advised by the Departmental Consultative Research Committee that the above research study adheres to the guidelines that have been established and there is no objection to the study proceeding.

A copy of your final report should be forwarded to John Kitt, Superintendent Professional Development, Department of Education and the Arts, GPO Box 169B, Hobart 7000.

My permission to conduct the research study is given provided that each Principal is willing for the school to be involved.

Yours sincerely



G Harrington
DEPUTY SECRETARY (EDUCATION)

cc: All District Superintendents
John Kitt
Ms Debbie Smith, University of Tasmania, Hobart

APPENDIX (vii)DEPARTMENT OF EDUCATION AND THE ARTSAPPLICATION FORM FOR PERMISSION TO CONDUCT RESEARCH IN
TASMANIAN GOVERNMENT SCHOOLS

- | | | |
|----|---|--|
| 1. | Name(s) of investigator(s).
(Please indicate preferred
form of address.) | Mrs. Margaret Hughes |
| 2. | Academic qualifications.
(Indicate conferring
institutions and dates) | Bachelor of Education (T.C.A.E.) 1983.
Graduate Diploma of Special Education
(University of Tasmania) 1988.
Bachelor of Arts (T.S.I.T.) 1989. |
| 3. | Present appointment or
activities. | Presently on nurturing leave. |
| 4. | Organisation or institution
through which the
research is to be conduct.
(if any) | University of Tasmania - Hobart |
| 5. | Name(s) and address(es)
of supervisor(s) if
applicable. | Ms. Debbie Smith
C/- University of Tasmania - Hobart. |
| 6. | If this study is to
contribute towards an
academic qualification,
indicate which
qualification. | Master of Education Studies. |

- 7 If a body is providing a financial grant for this study, indicate the body

8. Title of the project. Changing Perceptions in the Education of Children with Visual Handicaps.

- 9 Expected commencement and completion dates May, 1995
June, 1995.

10. Aims and educational significance of the study. To ascertain how the education of children with visual handicaps has changed in Tasmania, the processes affecting change and the factors contributing to change.

11. Outline of proposed research plan.
 - (a) Preliminary investigations or pilot studies if intended.
 - (b) General outline of methods to be used for collecting information.
 - (c) Schedule of activities.

12. Number and type of schools required. If specific schools are required, give the names of these schools and reason for selection. If possible, all high schools with a child/children with a visual impairment. Information to be sought from Jenny Dixon, Teacher of visually impaired.

13. Subjects/Students required.
- (a) Indicate year levels (or ages) and the approximate number of students required per school at each year (or age) level. State any other necessary characteristics of students.
 - Years 7-10
 - Only children with visual impairment and their peers in one class
 - Teachers of children with visual impairment.
 - (b) Indicate whether students will be required individually or in groups. If in groups, give size.
 - Individual survey forms, but done in group situation for sighted peers.
 - (c) Give approximate dates and amount of time required.
 - May - 1995
 - July
14. Adults required. Class teacher to administer.
- (a) Number
 - (b) Where
15. When teachers are required to assist with the administration of instruments, describe what they will be asked to do and the amount of time required. Only teachers and principals to be surveyed.
16. Instruments.
- Where these are will known and commonly used (e.g. those listed in the ACER Catalogue) list the name(s) of the instruments. Otherwise enclose a copy of each instrument and its accompanying covering letter and instructions. For

all instruments you intend using, clearly indicate the group to whom it is to be administered (e.g. parents, teachers, students). Describe how each is to be administered and give an estimate of the time required.

- 17. If people other than the investor(s) indicated above are to administer tests, or conduct interviews, please indicate their names and qualifications.
- 18. Outline your plans for disseminating results of these investigations.

The Survey forms a part of an overall project, involving a literature review of work and studies in America and the United Kingdom. All who participate in the study (including school principals) will be free to request copies of all or part of the thesis.

Signature of Applicant:

Signature of Supervisor(s):

Date:

Address for Correspondence:

Mrs. M.E. Hughes
34 Hingston Crescent
Norwood, 7250 Telephone: (003) 432229

Supervisor(s) address (if applicable):

Ms. D. Smith
Faculty of Education
University of Tasmania
GPO Box 252 C,
Hobart, 7001

This application should be forwarded to:

Mr. John Kitt
Superintendent (Teacher Development)
Department of Education and the Arts
GPO Box 169 B
HOBART 7001

Telephone: (002) 337949

Fax: (002) 347882

APPENDIX (VIII)

3rd April, 1995.

TO: Principals and Staff

SUBJECT: Survey for Education Project

I am currently completing a project regarding the integration of students with visual impairment into regular schools. Enclosed is a letter from the Deputy Secretary (Education) giving permission to approach your school to participate in the survey.

Participation in the survey is purely voluntary and anonymous. For collection purposes only the returned forms, whether completed or not, should state which school they are from.

The survey questions have been taken from a 1988 New South Wales Government survey evaluating their Integration Program and have been chosen to gauge attitudes and perceptions regarding the integration of students with a visual impairment into a regular school.

Most of the questions in Section B are subjective in nature and require an answer based on opinion. Please be as honest as possible, as the survey is anonymous.

Thank you for your time.

Mrs. Margaret Hughes.

enc.